



**Administrative County of Middlesex.**

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**ANNUAL REPORT**

OF THE

**MEDICAL DIRECTOR**

OF

**HILLINGDON COUNTY HOSPITAL**

FOR THE

**YEAR 1947**

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LONDON

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# ANNUAL REPORT OF THE MEDICAL DIRECTOR ON THE WORK OF HILLINGDON COUNTY HOSPITAL FOR THE YEAR 1947

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## STAFF.

### WHOLE-TIME MEDICAL STAFF.

#### *Medical Director :*

W. ARKLAY STEEL, M.D., Ch.B., F.R.C.P.

#### *Deputy Medical Director and Surgeon :*

G. W. DUNCAN, M.B., B.S., F.R.C.S.

#### *Surgeons :*

L. FATTI, M.B., B.S., F.R.C.S.

H. G. HANLEY, M.D., B.S., F.R.C.S. (H.M. Forces).

C. G. SCORER, M.B., F.R.C.S.

#### *Chief Assistant in Surgery :*

S. T. MCCOLLUM, M.B., F.R.C.S.

#### *Physicians :*

C. G. BARNES, M.D., B.S., F.R.C.P.

E. B. JACKSON, M.D., M.R.C.P. (H.M. Forces).

#### *Physicians, Grade II :*

C. R. BAXTER, M.B., Ch.B., M.R.C.P.

G. R. McNAB, B.Sc., M.D., F.R.C.P.

#### *Paediatrician :*

H. FINLAY, M.B., Ch.B., M.R.C.P., D.C.H.

#### *Obstetric Surgeon :*

MISS J. MORGAN, M.D., B.S., M.R.C.O.G., D.A.

#### *Chief Assistant in Obstetrics :*

A. W. CHESTER, M.D., M.B., B.S.

#### *Senior Anaesthetist :*

H. J. V. MORTON, M.A., M.D., D.A.

#### *Anaesthetist :*

R. I. W. BALLANTINE, M.R.C.S., L.R.C.P.

#### *Director of the Department of Physical Medicine :*

R. J. TALBOT, L.R.C.P., F.R.C.S., D.Phys.Med.

#### *Pathologist :*

H. ROGERS, M.D., M.B., Ch.B.

#### *Chief Assistant, Department of Radiology :*

S. MADDOCKS, M.R.C.S., L.R.C.P., D.R.M.E.

#### *Casualty Officer :*

L. B. SCOTT, M.B., F.R.C.S.E.

#### *House Surgeon :*

A. E. KARK, M.B., B.S.

*Obstetric House Surgeon :*

J. A. MCL. SMITH, M.B., Ch.B.

*House Physician :*

E. C. HUTCHINSON, M.B., Ch.B., M.R.C.S., L.R.C.P.

## SUPERNUMERARY APPOINTMENTS.

*Surgical Registrar :*

T. R. B. COURTNEY, M.B., F.R.C.S.

*Supernumerary Paediatrician :*

W. MAY, M.R.C.S., L.R.C.P., M.B., B.S.

*Medical Registrar :*

A. R. HARRISON, M.B., B.S., M.R.C.P.

*Supernumerary Anaesthetist :*

T. N. P. WILTON, M.R.C.S., L.R.C.P.

*Obstetric Registrar :*

J. PRICE, M.R.C.S., L.R.C.P.

*Supernumerary House Physician :*

T. C. P. WILLIAMS, M.R.C.S., L.R.C.P.

## VISITING STAFF.

*Radiologist :*

G. SIMON, M.D., B.Chir., D.M.R.E.

*Dental Surgeon :*

S. F. SIMPSON, L.D.S., R.C.S.

*Venereologist :*

A. J. COKKINIS, F.R.C.S.

*Ophthalmologist :*

I. SPIRO, F.R.C.S.

*Dermatologist :*

F. J. V. JENNER, M.R.C.P.

*Radiotherapist :*

W. R. WARD, M.B., B.S., M.R.C.S., L.R.C.P.

*Ear, Nose and Throat Surgeon :*

E. O. HARRIS, M.B., B.S., F.R.C.S.

*Psychiatrist :*

B. MATHESON, M.B., Ch.B., D.P.M.

*Nursing Staff :* 176 full-time, 27 part-time.*Matron :*

MISS E. HAGLAND.

Administrative Staff ...	...	...	...	9	Staff Nurses (part-time) ...	...	...	...	16
Departmental Sisters ...	...	...	...	4	Pupil Midwives ...	...	...	...	12
Ward Sisters ...	...	...	...	32	Student Nurses ...	...	...	...	64
Staff Midwives...	...	...	...	1	Assistant Nurses ...	...	...	...	21
Staff Midwives (part-time) ...	...	...	...	4	Assistant Nurses (part-time) ...	...	...	...	7
Staff Nurses ...	...	...	...	20	Male Nurses ...	...	...	...	12



OTHER STAFF.

Steward :  
C. ABEL.

Chief Almoner :  
MISS D. MACDONALD.

Deputy Chief Almoner :  
MRS. C. WASSEY.

Pharmacist :  
D F. B. PRITCHARD, B.Sc., M.P.S.

Radiographer :  
C. BUTLER, M.S.R.

Chief Pathological Technician :  
W. R. HACKETT, F.I.M.L.T.

Chaplain :  
THE REV. A. M. BASHFORD.

STAFF CHANGES.

								<i>Left.</i>
Surgeon	...	...	...	...	L. Fatti, M.B., B.S., F.R.C.S.	...	...	31.11.47
Chief Assistant in Surgery	...	...	...	...	S. T. McCollum, M.B., F.R.C.S.	...	...	29.12.47
Physician, Grade II	...	...	...	...	G. R. McNab, B.Sc., M.D., F.R.C.P.	...	...	13.12.47
Casualty Officer	...	...	...	...	J. A. Little, M.R.C.S., L.R.C.P.	...	...	1.6.47
Anaesthetist	...	...	...	...	J. D. Laycock, M.R.C.S., L.R.C.P., M.B., B.S., D.A.	...	...	28.7.47
Assistant Medical Officer	...	...	...	...	J. Lawson, M.B., B.Ch.	...	...	13.3.47
House Physician	...	...	...	...	L. Bussell, B.A., B.S.C., B.M., B.Ch.	...	...	3.5.47
Supernumerary Obstetric Registrar...	...	...	...	...	J. Frankenberg, M.R.C.S., L.R.C.P.	...	...	30.4.47
Supernumerary House Physician	...	...	...	...	V. M. Borelli, M.B., B.S., M.R.C.S., L.R.C.P.	...	...	29.4.47
								<i>Commenced.</i>
								<i>Left.</i>
A. Sankey, M.R.C.S., L.R.C.P.	...	...	...	...	House Officer, Obstetric	...	...	16.3.47
E. Sanders, M.R.C.S., L.R.C.P., M.B., B.S.	...	...	...	...	Assistant Medical Officer	...	...	5.5.47
A. Kark, B.Sc., M.B., B.Ch.	...	...	...	...	House Surgeon	...	...	21.7.47
P. Dennehy, M.B., Ch.B.	...	...	...	...	Assistant Medical Officer	...	...	6.1.47
A. Davies, M.R.C.S., L.R.C.P., M.B., B.S.	...	...	...	...	Supernumerary House Physician	...	...	31.4.47
T. Williams, M.R.C.S., L.R.C.P.	...	...	...	...	Supernumerary House Physician	...	...	30.6.47

Towards the latter part of this year Mr. Fatti resigned to take up a new appointment as Thoracic Surgeon in Johannesburg. Originally appointed to the Staff in 1933 as a general surgeon, Mr. Fatti, by his tireless efforts and infinite capacity for work, early established himself in the regard of his colleagues. This reputation was extended later throughout the county and other parts of the country when he took up thoracic surgery as a speciality and a special unit for that purpose was established at this hospital. His enthusiasm in clinical matters was a stimulus and inspiration to all, and it was largely due to his efforts that the Middlesex County Medical Society was first started, and throughout the difficult war years it was mainly his zeal and example which promoted the interest necessary for the success of the Society. In recognising his long and valued service to the hospital, tribute is paid by his colleagues to the high standard of his work and to his skill as an operator. The sincere good wishes of the members of the Staff accompany Mr. Fatti in his new career.

In January, Dr. Jackson was called up to the Forces and Dr. C. R. Baxter was appointed as Temporary Physician. In October, Mr. Hanley was called up and to fill the vacancy created, Mr. Scorer was appointed Temporary Surgeon.

In the transitional period between the waning of the authority of the Middlesex County Council and the assumption of control by the Regional Board, it is difficult to assess the requirements and the demands likely to be made on the hospital in the future. Before the war, adverse criticism was directed against municipal hospitals because of the apparently extreme under-staffing of medical personnel, and the belief that an inadequate medical service was the inevitable consequence. The Middlesex County Council did much to counteract this belief by establishing senior clinical appointments and was beginning to build up a very excellent service. Since the war, standards in staffing have altered, emphasis has been placed on specialisation and improved quality therefrom, specialities have been assumed and numerous additional appointments have been made throughout the country. From the overwork from understaffing the pendulum is swinging to the other extreme, when demoralisation will follow the under-work resulting from over-staffing. Too much emphasis has been placed on teaching, so that every appointee becomes an aspirant and self-appointed teachers abound without pupils. In a hospital such as this, so distantly situated from the centre of London, there are likely to be few opportunities for teaching undergraduates except as final year interns, but great scope exists for the development of the teaching of post-graduates, preferably as residents throughout the duration of special courses. The acute nursing staff shortage and the poor structural quality of many of the wards and departments prevent the full development and organisation of the hospital, and without additional theatre accommodation a complete service in all the specialities cannot be fulfilled, and further medical appointments will probably be delayed a few years.

#### PUBLICATIONS, 1947.

Mr. L. Fatti	...	...	"Perspex specimen boxes" <i>Lancet</i> , 1.2.47.
			"Right-sided cervical aortic arch"; also "Ectopic stomach"—accepted for the <i>British Journal of Surgery</i> , 1947.
			Co-author with W. Pagel, F. Simmonds and N. McDonald in revised edition of "Pulmonary Tuberculosis," 1947.
Dr. J. Morgan	...	...	"Ruptured rectus abdominis muscle in pregnancy," <i>Lancet</i> , 1947.
			"Hæmorrhagic disease of the newborn," <i>Journal of Obstetrics of the British Empire</i> , 1947.
Dr. C. G. Barnes...	...	...	"Hypoglycaemia after partial gastrectomy," <i>Lancet</i> , 1947.
Mr. H. G. Hanley and W. Arklay Steel.			"The solitary ectopic pelvic kidney," <i>British Journal of Surgery</i> , 1947.

#### BEDS.

Slight revision of the complement of beds has been necessary this year, as the continuing poor recruitment of nurses has prevented the re-opening of the Annexe Wards and Theatre. The complement is detailed in this way:—

Male	...	...	Medical	...	...	...	70			
			Surgical	...	...	...	136			
			Chronic	...	...	...	76	...	...	282
Female	...	...	Medical	...	...	...	73			
			Surgical	...	...	...	156			
			Chronic	...	...	...	111	...	...	340
Maternity...	...	...	Beds	...	...	...	64			
			Cradles	...	...	...	71	...	...	135
Children	...	...	Medical	...	...	...	46			
			Surgical	...	...	...	42	...	...	88
							Total		...	845



Great anxiety has been experienced in endeavouring to cope with the increasing demands for accommodation for chronic cases, especially for females, and the very unsatisfactory expedient of a waiting list for these cases has had to be adopted. So many factors have to be considered in assessing the urgency and priority of such admissions, that the waiting period for some has to be too prolonged and considerable hardship to patients and relatives is unavoidable. Domestic difficulties, especially attributable to housing shortage, prevent relatives from providing adequate accommodation and home nursing facilities.

**NURSES' TRAINING SCHOOL.**  
*Academic Results during the Year.*

	<i>Passed.</i>	<i>Failed.</i>
State Examination—Preliminary ... ..	12	1 in part 1
State Examination—Final ... ..	21	—
County Nurses' Examinations (of this number 12 passed with credit)	19	2
The Sir Gilfred Craig Prize (also Silver Medal)—Nurse Muriel Roffey.		

**NURSING STAFF.**

In all but a few of the hospitals in the country there is a very serious shortage of nurses, causing grave concern to hospital administrators. This shortage first became evident in 1943, when criticism of hospital administration by all and sundry was rife, and as criticism became intensified recruitment of nurses correspondingly fell. Publicity adverse to nursing and exaggerating the "bad" features and conditions of hospital life was given undue prominence, and nursing was hailed as a profession to be shunned rather than advocated. Many and various schemes were propounded by different people unaware of hospital habits and practices. Charters of improved living conditions, and the Rushcliffe Scheme for nurses, included failings which are only now being admitted. Propaganda campaigns, appeals in the national press to girls to become nurses in order to stem the drift away from the profession, schemes altering nursing standards and curriculum, all these have had no effect other than the expenditure of vast sums of money. Those working in hospitals are most aware of the serious significance of the increasing shortage of nurses and know that the whole success of the New Health Scheme for Hospitals will be jeopardised unless a solution to the problem can be found.

Greater emphasis and importance should be given to the practice and less to the theory of nursing as the major part of a nurse's work should always be practical nursing. In hospitals nearly 50 per cent. below their normal complement of nurses, ward sisters with already heavy responsibilities have less time to provide practical demonstrations for the nurses, and the time may come when sisters with deficiencies in their own training will be unable to teach junior nurses the essentials of practical nursing. When resignations are not balanced by replacements great strains are put on the staff remaining, and with increased medical staffing adding to the numbers of ward rounds, clinical data to be charted every hour of every day in keeping with specialised procedure, and the carrying out of numerous confirmatory but often unessential investigations, as is the custom of the present day, the strain may be increased to the breaking point. Nurses undoubtedly form the key-stone to the whole Hospital Service and unless the depletion of staffs can be counteracted soon, hospitals will be unable to give a modicum, far less a high standard, of treatment. The reasons for the falling off in recruitment are numerous. Many are attributable to the trend of the times and part of the solution may rest with parents and teachers in imbuing the younger generation with the spirit of service and self-sacrifice which has always characterized the work of the whole profession of nursing in this country in the past.

The responsibility of the solution now rests with the Government and lesser authorities. They should take steps to concentrate the majority of nurses in the Hospital Service, as no where else are the services of trained nurses more required.

**STRUCTURAL DEVELOPMENTS.**

The main theme and thesis of numerous reports and several deputations to the Ministry in the past has been the need of this hospital since 1934 for permanent buildings. Agreement has been reached with the Ministry of Health that the claims made for priority to be given to this hospital for building are fully justified. Approval has been given for the buildings detailed under Section 1 of the building scheme to be commenced in 1948 and the other schemes to follow on as national conditions allow. The Regional Authorities have agreed that the main part of the hospital should be built on the Furze Site, the Ministries of Air and Civil Aviation have approved the scheme of building on this site to a height of 150 ft. The delay in the building of the main hospital is attributed to stronger claims than ours in the steel allocation, and while the priority for permanent buildings for this hospital still remains as urgent, our claims must be dependent on the easing of the steel restrictions in the future. The work of the additions to the Nurses' Home Dining Room, requested in 1945, proceeds so slowly, that completion of this building is not expected until well into 1948. Additions to the X-Ray Department to provide for more apparatus and to accommodate a clinical photographic department, will be commenced in 1948 and should provide extra facilities for the Department until permanent buildings are built. So that the work in hospital may be unaffected, slight structural additions and modifications will be required when the extension to the Nurses' Home commences next year.

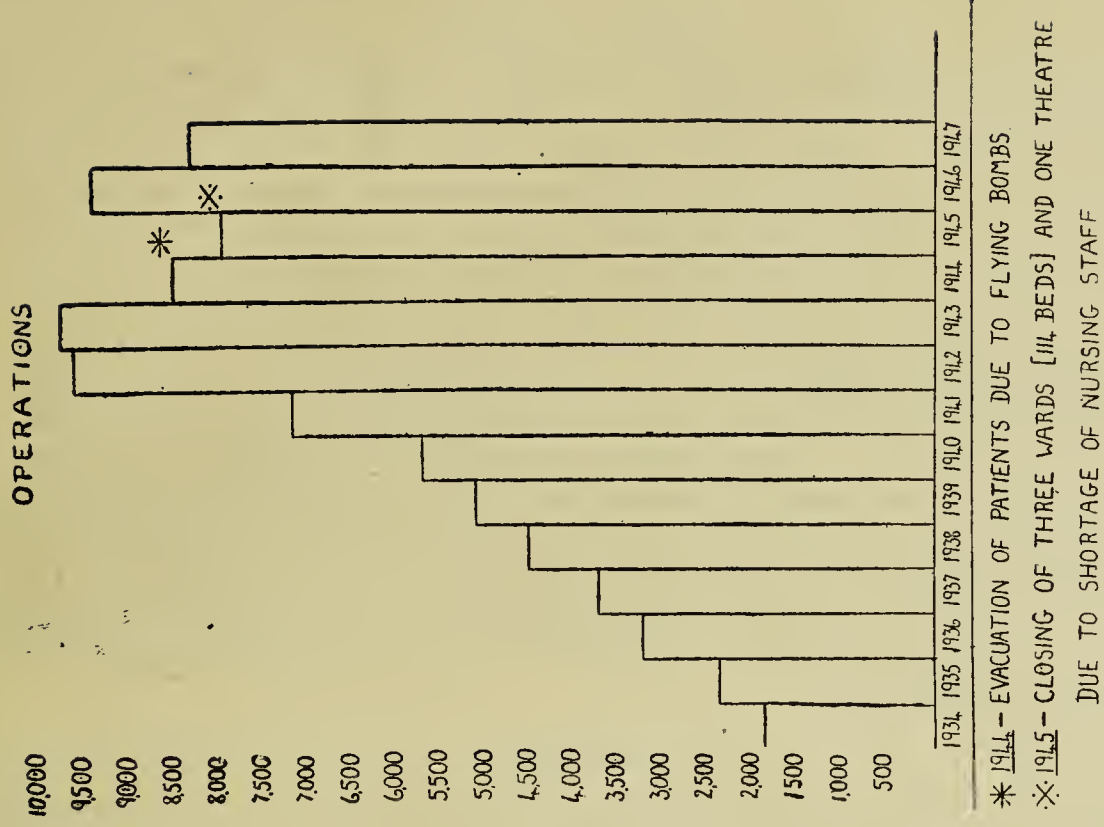
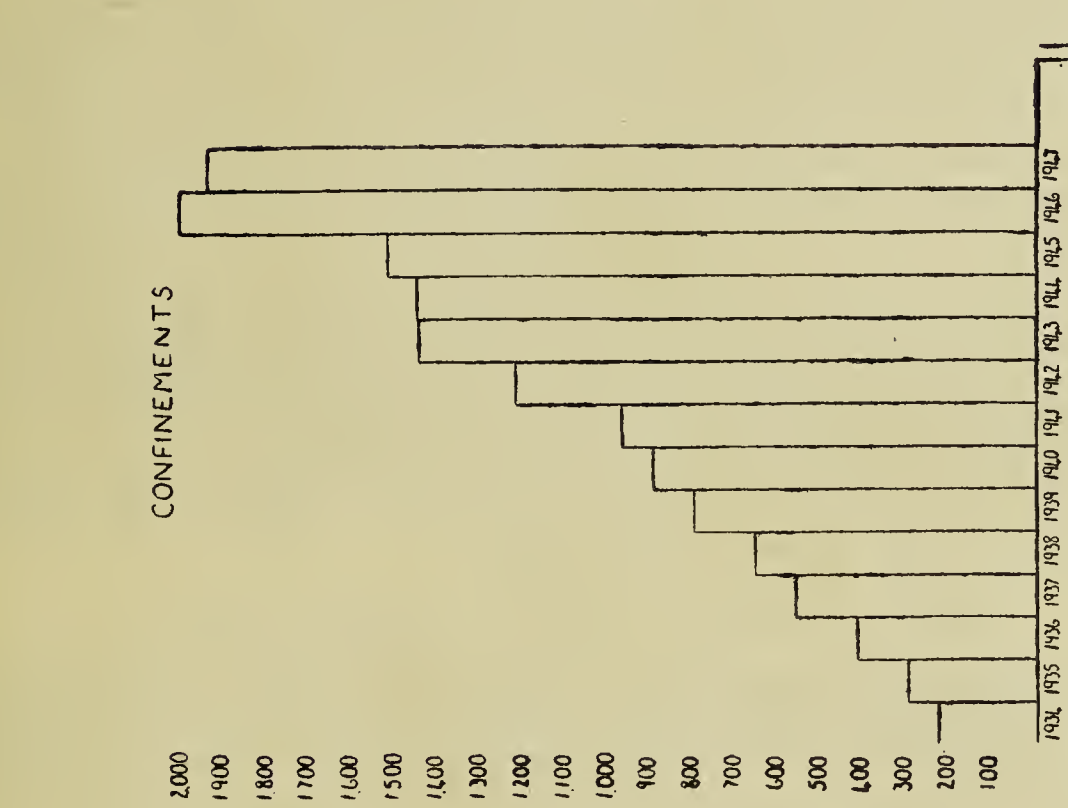
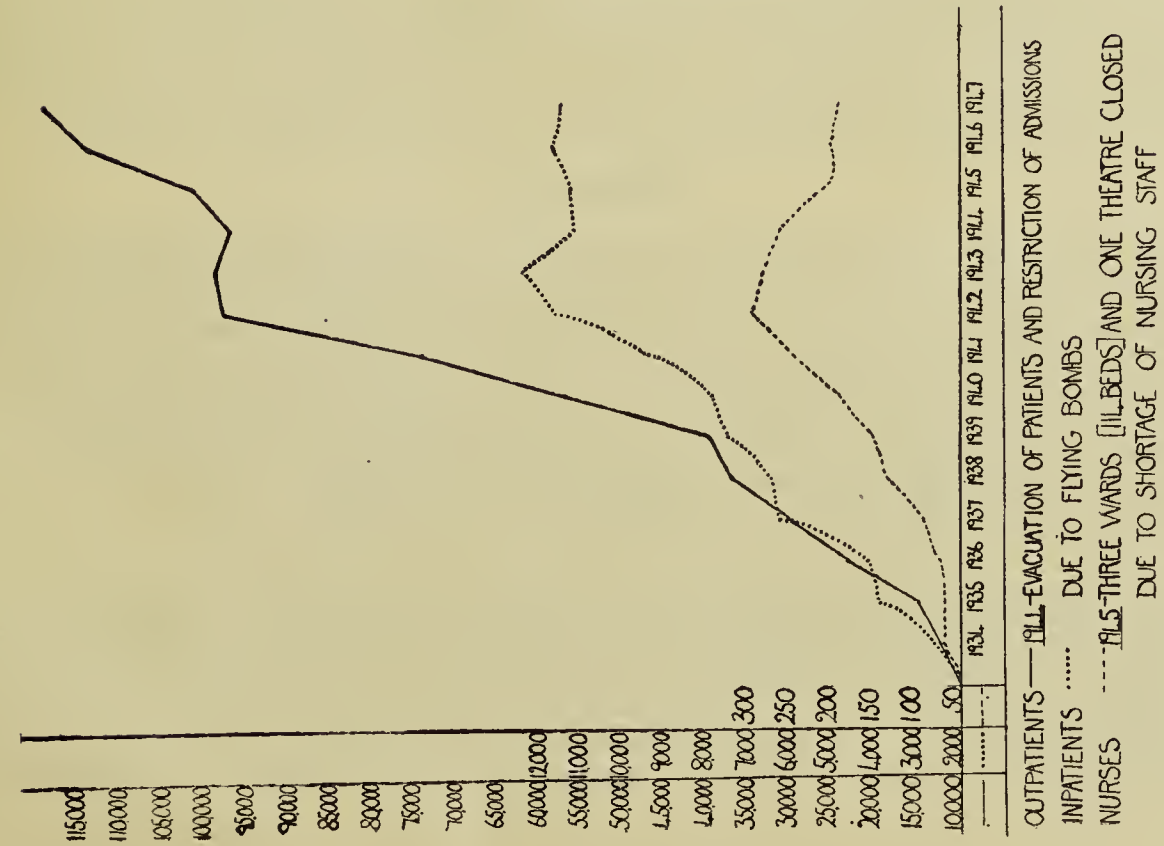
## WORK OF THE HOSPITAL.

The work of the various departments is shown in detail in the statistical tables which form the main part of this report. In spite of the fact that three wards and the Annexe theatre remain closed, little fluctuation is noticeable in many of the statistics. In many departments substantial increases indicate the greater scope which would be possible were more abundant structural facilities available. Because of the shortage of nursing staff, excessive and often dangerous pressure has to be maintained in the wards in ensuring a quick turnover of cases so that acute cases may not be refused admission. This has had the effect of reducing the length of stay in hospital to 12·8 days, a limit too low for comfortable and safe administration. The work of the out-patient department has so increased that many of the clinics have had to be duplicated. All consulting rooms are fully occupied and doctors are having to conduct clinics in dressing rooms, off-shoots of the corridor and other odd corners of the department. This is extremely unsatisfactory and provides no privacy, so that to provide better accommodation it is proposed to transfer the work of the Ante-Natal Clinic to the old Convalescent Wards. It is greatly to be deplored that a return has to be made to buildings previously condemned in numerous past reports, yet they are the only buildings remaining wherein alternative accommodation for these clinics is possible. It can only be hoped that the occupation of these unsatisfactory quarters will be of short duration and the next move will be to a happier and healthier permanent environment at the earliest possible date.

The number of cases treated to a conclusion in the hospital wards was 10,871 and in the chronic wards 897 (not included in statistical tables), making a total of 11,768 discharged throughout the year.

The following diagrams illustrate the very rapid increase of work performed in this hospital, and one of them reveals the rather disquieting feature of a reduction of nursing personnel coincident with major increases in the in-patient and out-patient turnover.





## CHRONIC WARDS.

The care of the chronic sick provides a national problem unlikely to be solved for many a long day. At this hospital it is daily an ever-growing anxiety trying to provide accommodation for the number seeking admission. Women predominate in the ratio 3 : 2 and since the end of the war it has become necessary to keep a waiting list for female patients. Facilities are lacking for increasing the accommodation for such patients and indeed nurses are not available to allow of acceptance of further responsibilities in wards which were never designed for this purpose. When the time comes, buildings should be designed for chronic patients with extreme care and vision, allowing for adequate segregation, the young from the old, the continent from the incontinent, the mentally alert from those less favoured, and provision should be made for the many other difficulties which arise in the day to day treatment of these cases. Patients should be grouped in small units giving the comfort and appearance of a home, rather than a hospital and the long, barren, cold and ugly wards of the past and present day allowed to pass to disuse and destruction. Until the provision of new permanent hospital buildings, the present chronic wards must be used, so long must members of the Staff suffer the rebukes and abuse of patients and relatives, knowing that this criticism is fully justified. Reference to this unfair imposition on the Staff has been made in previous reports and is again included to emphasise that with the passing years, the position of the Staff becomes more intolerable and that of the appropriate authority more inexcusable.

## CATERING.

The rationing of food, which became necessary during the war, was largely responsible for the marked change in the dietary in hospitals and for the many grievances voiced by patients of the deficiencies in the diet. Prior to this, diets in this hospital were very full and varied due to the smallness of the hospital and plentiful supplies of food. As the hospital grew larger, the essential services of which the Kitchen was one, were neglected and little provision was made for catering for the considerable increase of patients and staff. Three kitchens now cater for patients and staff and in the Nurses' Home, a very small kitchen supplies the needs of the medical and nursing staffs. Plans for extension of this kitchen were recently turned down by the Ministry. This followed a report given by a catering expert and little has been done to improve the conditions which are blatant to most people. Complaints are frequently received from patients and staff, relating to the food in its quantity, cooking or serving, and under present conditions little can be done to counteract the complaints. Requests have been made in the past for the establishment of a Catering officer and this appointment has been advocated by others. He should be given full responsibility, and, with modifications, a free hand in the buying, storing, preparation, cooking and serving of all the food in the hospital, and the proviso should be enforced that no fresh food should be purchased by contract.

Food is a very important item in the treatment of patients and it is sincerely hoped that the Regional Board will make such an appointment and give every support to any suggestions which would raise the catering of this hospital beyond reproach.

## COUNTY CONVALESCENT HOSPITAL, HAREFIELD PLACE.

In 1937, the year that this hospital opened, 770 discharges took place. Of this total 50 per cent. were referred from Hillingdon Hospital and the remainder were referred from other hospitals within the county. Since 1940 the proportion of the number of patients referred from Hillingdon has increased and now less than 3 per cent. of the total number of cases are admitted from hospitals other than Hillingdon.

The number of cases discharged during 1947 was 1,814. These figures are given to reflect a measure of our indebtedness to the County Convalescent Hospital, Harefield Place, for the co-operation and help always shown to Hillingdon. Upon this understanding we have grown accustomed to depend, for without their assistance, we could not have so easily accepted so many patients for treatment. To all the members of the staff of Harefield Place, our gratitude is expressed.

## COMMENTARY.

This is the last report to be published of this Hospital while under the authority of the Middlesex County Council—the last of a series of reports which have recorded the progress and development of the hospital since 1934. There can be no doubt that if the war had not intervened, within about ten years the Middlesex County Council would have built up a hospital service which would have compared very favourably with any voluntary or municipal hospital service in the world. The war shattered all dreams and plans of the future, delayed the building of a new hospital for far too many years, prevented re-organisation of every kind but provided experience from which much profit can be gained in hospital construction and administration in the future.

In the past there was a will to work and a spirit of service which contributed much to the excellent and happy atmosphere which prevailed in many hospitals prior to the war. There is a tendency for this spirit to-day to be replaced by resentment of authority in any form, prominence and favour sought by personal aggrandisement and a contempt and disregard for discipline practised and unfortunately encouraged by all and sundry. Too much emphasis is being laid on the conditions of service before willingness for service is shown. All these characteristics are inimical to the co-operation and



common purpose required and expected in hospitals. The remedy, when wanted, will require the full support of appropriate authorities. Since the war, with the exception of nurses, there has been a marked increase of staff employed in the hospital. Comparative figures for 1938 (5,488 in-patients), 1942 (10,639 in-patients), and 1947 (10,871 in-patients) show the total staff employed as 366, 374, 670 respectively for these years. For 1942 to 1947 the complement of nurses was as follows :—

1942	...	...	...	...	...	...	297
1943	...	...	...	...	...	...	282
1944	...	...	...	...	...	...	258.5
1945	...	...	...	...	...	...	211 full-time, 3 part-time
1946	...	...	...	...	...	...	194 full-time, 15 part-time
1947	...	...	...	...	...	...	176 full-time, 27 part-time.

Redundancies of staff are beginning to appear and the dependancy on at least one other to complete the work previously done by one, is becoming more evident. If efficiency is not increased and proof of lowered individual output is shown, justification for such numbers of staff will be untenable. Reluctance of staffs to engage in duties entailing work in the evening and during week-ends is being shown. In hospital, a 24 hours' service is essential for the care of the sick and it may be that alteration of rotas may be necessary to ensure the fairest distribution of work for all.

What has elsewhere been aptly referred to as the "Fetish of Perpetual Expansion" applied to departments in hospital is rife throughout the country and there is no doubt that a sane approach must soon be made to the subject to prevent extravagances of plans and staffs beyond the needs of immediate necessity.

This is an age of committees in which millions of man hours are lost to the country each year. These are likely to remain fashionable as tests of enthusiasm and lapse when personal initiative and acceptance of responsibilities regain their due recognition. In spite of many views to the contrary, it is upon the work and personality of the members of the Staff that the reputation and character of the hospital depends. With friendly and eager co-operation, avoidance of departmentalisation, a humble rather than an exalted estimate of personal limitations, a common purpose to promote the greatest benefit to patients, thus is engendered the spirit and happiness promoting a harmony without which good work is impossible.

#### ACKNOWLEDGMENT.

The adversities with which this hospital seems continually to be faced, have again been met with great tolerance and forbearance and it is with sincere gratitude that this tribute is paid to all members of the Staff for their loyalty and co-operation in the work of the hospital during the past year.



Statistical Tables and Analyses.

	Middlesex County Council Cases.	Ministry Cases.	Totals.	
Remaining in hospital, 1st January, 1947 ... ..	538	13	551	12,137
Admitted ... ..	9,576	67	9,643	
Born in hospital ... ..	1,943	—	1,943	
Discharged ... ..	10,785	76	10,861	
Died (including chronic cases) ... ..	727	2	729	11,590
Patients treated to a conclusion ... ..	11,512	78	—	
Remaining in hospital on 31st December, 1947 ...	545	2	—	

CLASSIFICATION OF PATIENTS TREATED TO A CONCLUSION.

Male infants under 3 ... ..	1,375	4,634
Boys, 3-16 ... ..	812	
Men ... ..	2,447	
Female infants under 3 ... ..	1,206	6,878
Girls, 3-16 ... ..	583	
Women ... ..	5,089	
Ministry cases ... ..	78	11,590
Total ... ..		

Children under 16 constituted 34·3 per cent. of all patients treated.  
The number of patients treated to a conclusion is the subject of the tables which follow.

I.—TABLE SHOWING HOW THE 11,590 PATIENTS TREATED TO A CONCLUSION DURING THE YEAR WERE ORIGINALLY ADMITTED.

By Almoner ... ..	2,669
By relieving officer's order ... ..	4
By Medical Director—	
Births ... ..	1,943
Police (other than accidents) ... ..	22
Accidents ... ..	99
Maternity cases, emergency ... ..	279
Other cases ... ..	6,286
Transfer from Institution or Home, M.C.C. ... ..	33
Transfer from Hospital, M.C.C. ... ..	89
Transfer from Hospital or Institution—other authority ...	88
Ministry ... ..	78
Total ... ..	11,590

Of the above patients, 76·9 per cent. were admitted by the Medical Director.

II.—TABLE SHOWING THE DISTRICTS TO WHICH THE 11,590 PATIENTS BELONGED.

Uxbridge	...	...	...	...	...	...	...	2,338
Yiewsley and West Drayton	...	...	...	...	...	...	...	1,288
Ruislip-Northwood	...	...	...	...	...	...	...	1,906
Southall	...	...	...	...	...	...	...	2,266
Hayes and Harlington	...	...	...	...	...	...	...	3,271
Other districts of Middlesex	...	...	...	...	...	...	...	359
Buckinghamshire	...	...	...	...	...	...	...	56
Other counties	...	...	...	...	...	...	...	28
Ministry	...	...	...	...	...	...	...	78
Total	...	...	...	...	...	...	...	11,590

NOTE.—The allotment of an accident case to any one of the preceding districts is governed by the following rules :—

- (1) A person admitted, who is normally resident within the County, becomes a case for the district of residence, irrespective of the district in which the accident occurred.
- (2) A person admitted, not being normally resident within the County, becomes a case for the district in which the accident actually occurred.
- (3) A person admitted from and normally resident outside the County becomes a case for the Urban District of Uxbridge, in which the Hospital is situated.

III.—TABLE SHOWING THE RESULTS OF TREATMENT OR THE TERMINATION, WITH ANALYSES OF DEATHS IN AGE AND OTHER GROUPS.\*

						Acute Cases.		Chronic Cases.	
							Per cent.		Per cent.
Relieved	...	...	...	...	...	9,504	88·1	249	27·8
Unrelieved	...	...	...	...	...	900	8·3	310	34·5
Died	...	...	...	...	...	389	3·6	338	37·7

*Analysis of Deaths in Age Groups.*

Ages.					Male.		Female.		Total.	
					Acute.	Chronic.	Acute.	Chronic.	Acute.	Chronic.
Under 1	...	...	...	...	58	—	41	—	99	—
1-2	...	...	...	...	3	—	3	—	6	—
2-5	...	...	...	...	4	—	1	—	5	—
5-15	...	...	...	...	4	—	4	—	8	—
15-25	...	...	...	...	4	—	5	—	9	—
25-35	...	...	...	...	11	1	9	1	20	2
35-45	...	...	...	...	13	1	14	3	27	4
45-55	...	...	...	...	34	13	24	10	58	23
55-65	...	...	...	...	41	32	23	15	64	47
65-75	...	...	...	...	39	55	20	44	59	99
Over 75	...	...	...	...	13	93	21	70	34	163
Totals	...	...	...	...	224	195	165	143	389	338

\* Excluding Ministry cases.

	Treated.	Percentage of Total.	Died.	Case Mortality per cent.
Medical cases ... ..	2,930	25·1	236	8·1
Surgical and obstetric cases ... ..	7,863	67·2	153	1·9
Chronic cases ... ..	897	7·7	338	37·7

	Acute Cases.	Case Mortality per cent.	Chronic Cases.	Case Mortality per cent.
Deaths within 24 hours of admission ...	129	33·2	33	9·8
Deaths 24 to 48 hours after admission ...	25	6·4	19	5·6
Deaths 48 to 72 hours after admission ...	19	4·9	18	5·3
All other deaths ... ..	216	55·5	268	79·3
Total deaths ... ..	389	100·0	338	100·0

For the causes of death, *see* Table VII.

IV.—TABLE SHOWING THE BEHAVIOUR OF PATIENTS AND THEIR MANNER OF DISCHARGE.

Patients whose behaviour was normal ... ..	11,582
Patients whose behaviour was abnormal ... ..	8*
Total ... ..	11,590
*Troublesome ... ..	4
Mental ... ..	4
Suicidal ... ..	—
	8
	—

*Discharge.*

In the normal manner or by death ... ..	11,491
At own request, with Medical Director's approval ... ..	24
At own request, against Medical Director's advice ... ..	74
Ejected for misconduct ... ..	1
Total ... ..	11,590



## V.—TABLE SHOWING WHITHER THE 11,590 PATIENTS WERE DISCHARGED.

To own, relative's or friend's home	...	...	...	...	4,208
To institution or children's home—M.C.C....	...	...	...	...	1
To out-patient department	...	...	...	...	4,752
To hospital or institution—other authority	...	...	...	...	100
To convalescent home	...	...	...	...	1,590
To acute infectious disease hospital	...	...	...	...	43
To mental hospital	...	...	...	...	1
To sanatorium	...	...	...	...	16
To another M.C.C. general hospital	...	...	...	...	74
Deaths	...	...	...	...	727
Ministry (including 2 deaths)	...	...	...	...	78
Total	...	...	...	...	11,590

## VI.—AVERAGES FOR THE YEAR.

Beds—average daily complement	...	...	...	...	843·9
Beds—average daily number available	...	...	...	...	734·8
Beds—average daily number occupied (acute)	...	...	...	...	381·9
Beds—average daily number occupied (chronic)	...	...	...	...	184·7
Average daily percentage of available beds occupied	...	...	...	...	77·1
Patients per occupied bed—average number per annum (acute)	...	...	...	...	28·5
Patients per occupied bed—average number per annum (chronic)	...	...	...	...	4·9
Nursing staff—average daily number	...	...	...	...	199·57
Occupied beds per nurse—average number	...	...	...	...	2·86
Admissions—average daily number	...	...	...	...	31·7
Dangerously ill—average daily percentage (acute)	...	...	...	...	7·3
Dangerously ill—average daily percentage (chronic)	...	...	...	...	17·6
Stay—average length in days per patient (acute)	...	...	...	...	12·8
Stay—average length in days per patient (chronic)	...	...	...	...	75·2
Maximum number of beds occupied = 614 on 15th May.					
Minimum number of beds occupied = 481 on 24th December.					

VII.—CLASSIFICATION OF THE DISEASES AND CONDITIONS FOR WHICH THE 11,512\* PATIENTS  
DISCHARGED DURING 1947 WERE PRIMARILY TREATED.

\* This figure does not include Ministry cases.

Disease or Condition.	Medical.			Surgical and Obstetric.			Chronic.			Totals.
	Re- lieved.	Unre- lieved.	Died.	Re- lieved.	Unre- lieved.	Died.	Re- lieved.	Unre- lieved.	Died.	
Healthy—										
No abnormality detected ...	72	—	—	—	—	—	12	—	—	84
Breast-fed infants with mother ...	81	1	—	—	—	—	—	—	—	82
Births ...	—	—	—	1,886	—	57	—	—	—	1,943
Diseases due to infection—										
Erysipelas... ..	3	—	—	—	—	—	—	—	—	3
Gonorrhœa ... ..	—	—	—	—	—	—	—	1	—	1
Influenza ... ..	24	—	1	—	—	—	—	—	—	25
Measles—morbilli and rubella ...	1	9	—	—	—	—	—	—	—	10
Mumps, pertussis and varicella...	1	4	—	—	—	—	—	—	—	5
Rheumatism, acute and sub-acute ...	32	—	—	—	—	—	—	—	—	32
Rheumatic chorea ... ..	9	—	—	—	—	—	—	—	—	9
Syphilis, primary and secondary ...	—	1	—	—	—	—	1	—	—	2
Tuberculosis, pulmonary ... ..	2	40	11	—	2	—	—	17	12	84
Tuberculosis, non-pulmonary ... ..	1	10	2	5	13	1	—	5	1	38
Miscellaneous, notifiable ... ..	22	15	—	—	—	—	2	—	—	39
Miscellaneous, non-notifiable ... ..	26	—	3	4	—	—	—	1	—	34
Infestations by metazoan parasites ...	1	2	—	—	—	—	1	—	—	4
Diseases of the nervous system—										
Vascular origin ... ..	1	21	9	—	—	—	—	15	24	70
Mental diseases ... ..	—	15	—	—	—	—	—	3	—	18
Miscellaneous ... ..	20	70	4	1	—	—	4	20	—	119
Diseases of the eye ... ..	7	1	—	44	4	—	3	3	—	62
Diseases of the ear ... ..	39	1	1	70	1	1	—	2	—	115
Diseases of the nose and sinuses ...	6	—	—	32	1	—	—	—	—	39
Diseases of the circulatory system—										
Rheumatic carditis ... ..	6	24	9	—	—	—	—	1	5	45
Myocardial degeneration, &c. ... ..	1	10	9	—	1	1	—	7	18	47
Arterio-sclerosis ... ..	2	44	27	1	2	3	—	48	116	243
Veins ... ..	15	9	2	55	2	—	1	3	1	88
Miscellaneous ... ..	20	43	15	2	—	2	2	12	6	102
Diseases of the blood and spleen ...	20	19	5	1	—	1	1	3	1	51
Diseases of the lymphatic system...	35	6	—	35	1	—	—	—	—	77
Diseases of the endocrine glands ...	2	22	2	21	2	—	—	5	—	54
Diseases of the breast ... ..	2	—	—	22	—	—	—	—	—	24
Diseases of the respiratory system—										
Laryngitis... ..	15	—	—	2	—	—	—	—	—	17
Bronchitis, acute ... ..	63	1	1	—	—	—	3	—	—	68
Bronchitis, chronic ... ..	2	12	5	—	1	—	2	26	5	53
Pneumonia, primary ... ..	109	3	6	1	1	—	3	—	5	128
Bronchopneumonia ... ..	135	7	19	—	—	—	8	1	30	200
Pleurisy ... ..	17	3	—	10	2	—	2	—	—	34
Miscellaneous ... ..	62	36	4	41	25	—	1	10	2	181
Diseases of the teeth and gums ...	1	—	—	24	—	—	—	—	—	25
Diseases of the digestive system—										
Tonsillitis ... ..	69	—	1	98	—	—	2	—	—	170
Enlarged tonsils and/or adenoids ...	—	—	—	382	—	—	—	—	—	382
Peptic ulcers ... ..	174	7	8	68	2	5	5	3	3	275
Dyspepsia of infants ... ..	37	—	1	—	—	—	—	—	—	38
Stomach and duodenum, other... ..	88	1	8	—	—	—	11	—	—	108
Appendicitis ... ..	24	—	—	233	1	5	2	—	—	265
Visceroptosis, constipation and stasis ...	54	2	—	—	—	—	7	1	—	64

Disease or Condition.	Medical.			Surgical and Obstetric.			Chronic.			Totals.
	Re- lieved.	Unre- lieved.	Died.	Re- lieved.	Unre- lieved.	Died.	Re- lieved.	Unre- lieved.	Died.	
Diseases of the digestive system— <i>contd.</i>										
Herniæ ... ..	2	2	1	190	8	3	10	3	1	220
Intestine, rectum, anus—other...	71	10	8	50	5	3	9	3	4	163
Liver and gall bladder ... ..	30	5	3	24	2	1	—	2	1	68
Peritoneum ... ..	2	1	—	9	—	2	—	1	—	15
Miscellaneous ... ..	20	—	—	49	1	2	1	1	—	74
Diseases due to disorders of nutrition or of metabolism ... ..	23	78	12	—	1	—	—	5	2	121
Diseases of the generative system—										
Male organs ... ..	1	1	1	93	12	8	4	13	7	140
Female organs ... ..	16	2	—	113	1	—	1	—	—	133
Pregnancy, parturition and puerperium—										
Normal and abnormal conditions ...	—	—	—	2,672	3	3	8	—	—	2,686
Diseases of the organs of locomotion—										
Fibrositis group ... ..	28	1	—	1	1	—	3	—	—	34
Arthritis deformans ... ..	—	20	—	—	1	—	—	11	—	32
Osteomyelitis, acute and chronic ...	3	4	1	14	2	—	1	3	—	28
Miscellaneous ... ..	12	14	—	52	3	—	2	7	—	90
Diseases of the areolar tissue ... ..	17	1	—	35	—	—	2	1	—	56
Diseases of the skin ... ..	64	8	1	14	1	—	67	4	1	160
Diseases of the urinary organs—										
Nephritis ... ..	17	3	8	1	—	—	—	—	4	33
Pyelitis ... ..	44	1	—	3	1	—	1	—	—	50
Miscellaneous ... ..	18	3	3	73	15	4	2	4	6	128
Injuries—										
Superficial ... ..	13	—	—	51	—	—	5	—	—	69
Deep and foreign bodies ... ..	3	—	—	52	3	2	2	—	—	62
Shock or other injury ... ..	1	—	—	—	—	—	—	—	—	1
Cerebral concussion ... ..	—	—	—	116	1	—	1	—	—	118
Cerebral contusion ... ..	—	2	—	1	—	—	—	—	—	3
Burns and scalds ... ..	7	2	—	21	1	—	1	2	—	34
Wounds, clean and septic ... ..	—	—	—	32	1	—	5	—	—	38
Septic conditions of the hand ... ..	—	—	—	15	—	—	—	—	—	15
Fractures and dislocations ... ..	—	—	—	276	22	17	12	12	14	353
Miscellaneous ... ..	2	1	2	1	2	1	1	—	1	11
Tumours, benign—										
Generative system ... ..	—	1	—	47	5	—	1	—	—	54
Other organs and structures ... ..	—	4	—	37	3	—	—	—	—	44
Tumours, malignant—										
Digestive system ... ..	1	12	12	14	21	20	—	15	28	123
Generative system ... ..	—	9	3	9	12	2	—	13	13	61
Urinary organs ... ..	—	1	1	3	5	1	—	—	3	14
Other organs and structures ... ..	—	22	15	29	30	5	1	16	23	141
Tumours, intra-cranial ... ..	—	—	1	—	—	—	—	—	1	2
Cysts ... ..	2	—	—	48	—	—	—	—	—	50
Malformations, congenital ... ..	8	18	9	31	2	3	1	1	—	73
Poisonings ... ..	44	—	2	—	—	—	9	—	—	55
Special investigation/treatment ... ..	274	5	—	266	4	—	26	6	—	581
Totals ... ..	2,024	670	236	7,480	230	153	249	310	338	11,690*

\* This figure includes 173 transfers which have been entered under both Acute and Chronic headings.



*Diseases and Conditions Treated to a Conclusion.*

(Grouped in Order of Frequency.)

	Treated.	Died.
Pregnancy, parturition and puerperium ... ..	2,686	3
Births ... ..	1,943	57
Diseases of the digestive system ... ..	1,842	60
Injuries ... ..	704	37
Diseases of the respiratory system ... ..	681	77
Special investigation/treatment ... ..	581	—
Diseases of the circulatory system ... ..	525	214
Tumours—malignant (339), benign (98), cysts (50) ... ..	487	126
Diseases due to infection ... ..	286	31
Diseases of the generative system ... ..	273	16
Diseases of the urinary organs ... ..	211	25
Diseases of the nervous system ... ..	207	37
Diseases of the organs of locomotion ... ..	184	1
Healthy... ..	166	—
Diseases of the skin ... ..	160	2
Diseases due to disorders of nutrition or of metabolism ... ..	121	14
Diseases of the ear ... ..	115	2
Diseases of the lymphatic system ... ..	77	—
Malformations, congenital ... ..	73	12
Diseases of the eye ... ..	62	—
Diseases of the areolar tissue ... ..	56	—
Poisonings ... ..	55	2
Diseases of the endocrine glands ... ..	54	2
Diseases of the blood and spleen ... ..	51	7
Diseases of the nose and sinuses ... ..	39	—
Diseases of the teeth and gums ... ..	25	—
Diseases of the breast... ..	24	—
Tumours, intra-cranial ... ..	2	2
Totals ... ..	11,690	727

*Analysis of Fractures and Dislocations Treated to a Conclusion during the Year, together with the Results of In-patient and Out-patient Treatment.*

	Nature.			Totals.
	Simple.	Compound.	Deaths (included in total).	
Skull ... ..	18	4	1	22
Skull, with concussion ... ..	28	1	1	29
Skull, with cerebral contusion ... ..	5	3	6	8
Vertebrae ... ..	9	—	—	9
Ribs ... ..	9	—	—	9
Clavicle ... ..	6	—	—	6
Scapula ... ..	—	—	—	—
Humerus ... ..	24	—	—	24
Radius or ulna or both ... ..	28	—	—	28
Carpus, metacarpus or phalanges ... ..	9	24	—	33
Pelvis ... ..	3	—	—	3
Femur, neck ... ..	13	—	—	13
Femur, great trochanter ... ..	10	1	1	11
Femur, shaft ... ..	13	—	—	13
Femur, lower end ... ..	—	—	—	—
Patella ... ..	7	1	—	8
Tibia ... ..	15	—	—	15
Fibula ... ..	5	—	—	5
Tibia and fibula, simple ... ..	26	—	—	26
Tibia and fibula, compound ... ..	—	5	—	5
Tarsus, metatarsus or phalanges ... ..	3	2	—	5
*Multiple bony injuries, simple ... ..	20	—	6	20
†Multiple bony injuries, compound ... ..	—	7	2	7
Fracture-dislocations, various ... ..	5	—	—	5
Separated epiphyses ... ..	2	—	—	2
Dislocations, various ... ..	6	—	—	6
Pathological, malunited, &c. ... ..	3	—	—	3
Totals ... ..	267	48	17	315

\* Multiple fractures of the vertebral column, hand and foot and cases of fractured ribs, tibia with fibula and radius with ulna are not included in the group unless associated with one or more fractures or dislocations elsewhere.  
 † One or more injuries being compound, not necessarily all.

15.2 per cent. of the fractures and fracture-dislocation cases were of the compound variety.

Men	...	...	...	...	...	...	162 of whom 10 died.†
Women	...	...	...	...	...	...	73 of whom 6 died.†
Children under 16—male	...	...	...	...	...	...	57 of whom 1 died.†
Children under 16—female	...	...	...	...	...	...	23 of whom none died.

*Special Methods applied to the above Cases.*

Manipulation under general anæsthesia	...	...	...	...	...	...	11
Application of plaster of Paris	...	...	...	...	...	...	152
Manipulation under fluorescent screen	...	...	...	...	...	...	17
Transfixion pin or wire...	...	...	...	...	...	...	7
Open operation	...	...	...	...	...	...	10
Amputation for compound fracture	...	...	...	...	...	...	9
Smith Petersen pin	...	...	...	...	...	...	4
Open wiring	...	...	...	...	...	...	5
Zimmer	...	...	...	...	...	...	6
Gallows	...	...	...	...	...	...	6
Miscellaneous	...	...	...	...	...	...	45

The following compound fracture cases had amputation :—

One case of fractured humerus.

Eight cases of phalanges of hand.

†Cause of death :—

Cerebral contusion	...	...	...	...	...	...	...	8
Cerebral hæmorrhage	...	...	...	...	...	...	...	1
Subarachnoid hæmorrhage	...	...	...	...	...	...	...	1
Shock	...	...	...	...	...	...	...	3
Meningitis	...	...	...	...	...	...	...	1
Uræmia and arteriosclerosis	...	...	...	...	...	...	...	1
Hæmorrhage and ruptured lung	...	...	...	...	...	...	...	1
Hypostatic pneumonia	...	...	...	...	...	...	...	1
Total fracture deaths	...	...	...	...	...	...	...	17

The average length of stay of the 315 fracture and dislocation cases analysed above was 23.2 days.

The above figures relate to the fracture cases treated in hospital. The number is small considering the size of the hospital and the extent of the district.

At this hospital very adequate facilities and equipment exist for the treatment of fractures. The essential conditions of an organised fracture service, as enumerated by the Committee on Fractures,\* viz., segregation of cases, continuity of treatment, after-care and unity of control, are carried out in the practice of this hospital. All fracture cases are followed up at the Fracture Clinic until a satisfactory result is obtained.

772 fractures in addition were treated entirely as out-patients, making a total of 1,087 fractures under treatment during the year. The treatment of 124 of these cases was continued into the New Year.

\* *Vide Report of Committee on Fractures—Supplement to the British Medical Journal*, 16th February, 1935.



## The Work of the Special Departments.

1. Surgical ...	...	...	Major operations ...	...	...	2,374
			Minor operations ...	...	...	8,358
2. Anæsthetics ...	...	...	[For details see special table]			6,909
3. Radiological ...	...	...	Patients investigated	...	...	10,110
			Investigations	...	...	15,815
4. Physical Medicine	...	...	Patients ...	...	...	2,587
			Treatments	...	...	61,607
5. Maternity ...	...	...	Women examined at ante-natal clinic	...	...	2,866
			Attendances at ante-natal clinic	...	...	11,203
			Births ...	...	...	1,943
			*Obstetric operations	...	...	1,086
6. Pathological	...	...	Investigations	...	...	22,063
7. Ear, Nose and Throat	...	...	*Operations	...	...	732
8. Therapeutic, Diagnostic, Prophylactic			Special procedures	...	...	3,301
9. Casualty and Out-Patients	†Patients	...	...	...	...	23,416
	Attendances	...	...	...	...	119,413
	*Operations	...	...	...	...	5,436
10. Special Clinic	...	...	Patients	...	...	512
	Attendances	...	...	...	...	9,878
	Operations	...	...	...	...	63
11. Nurses' Sick Room	...	...	Nursing staff off duty through illness	...	...	166

*Note.*—Included in the above figures are those of the minor operations, anæsthetics, special treatments and investigations performed on, given to or made on, patients in the Casualty, various out-patient departments and Nurses' sick room.

## 1. Department of Surgery.

	Theatre.		Casualty and Out-Patients.		Wards.		Nurses.		Totals.
	Major.	Minor.	Major.	Minor.	Major.	Minor.	Major.	Minor.	
<i>General—</i>									
Skin and superficial structures ...	46	169	3	2,703	—	27	—	10	2,958
Arteries, veins and lymphatics ...	14	36	—	490	—	2	—	—	542
Nerves ... ..	1	21	—	—	—	—	—	—	22
Bones and joints ... ..	234	132	1	894	7	12	—	—	1,280
Muscles, tendons, bursæ and fasciæ ... ..	15	17	1	45	—	—	—	—	78
Amputations ... ..	10	14	1	6	—	—	—	—	31
Skull, brain and spine ... ..	2	9	—	—	—	2	—	—	13
Face ... ..	—	—	—	—	—	—	—	—	—
Eye ... ..	28	19	—	344	—	—	—	—	391
Mouth, pharynx and œsophagus	7	29	—	5	—	—	—	—	41
Thyroid, accessory glands and neck ... ..	23	12	—	2	—	—	—	—	37
Breast ... ..	21	21	—	15	—	—	—	—	57
Thorax and contents ... ..	64	241	—	58	21	110	—	—	494
Abdominal wall and cavity ...	270	1	—	—	1	—	—	—	272
Stomach and duodenum ... ..	94	35	—	—	—	16	—	—	145
Intestine, rectum and anus ...	289	123	—	210	—	23	—	—	645
Liver, gall bladder, pancreas and spleen ... ..	29	1	—	—	—	—	—	—	30
Kidney and urinary tract ...	113	353	—	312	—	12	—	—	790
Male generative organs ... ..	80	32	—	255	—	2	—	—	369
Female generative organs ...	517	83	—	5	—	1	3	—	609
Unclassified ... ..	5	81	—	19	—	4	—	1	110
<i>Special—</i>									
Obstetric ... ..	104	—	—	—	229	753	—	—	1,086
Ear, nose and throat ... ..	141	529	—	61	—	1	—	—	732
Grand totals ... ..	2,107	1,958	6	5,424	258	965	3	11	10,732

\* These operations are included in the numbers of major and minor operations and are not additional.

† Ante-natal patients, attendances and operations included.



*Operations—*

Major	...	...	...	...	...	...	...	...	2,374
Minor	...	...	...	...	...	...	...	...	8,358

*\*Operative mortality rates—*

Per 100 major operations	...	...	...	...	...	...	2.78
Per 100 minor operations	...	...	...	...	...	...	.0006
Per 100 major and minor operations	...	...	...	...	...	...	.006

When the period of anæsthesia for an operation ordinarily classified as minor exceeds half-an-hour, that operation is deemed a major one.

Below are given, under anatomical headings, the names and numbers of the operations most frequently performed.

*Skin and Superficial Structures (2,958)—*

Toilet and suturing of wounds	...	...	...	...	...	1,825
Treatment of burns and scalds	...	...	...	...	...	15
Incision of abscess, cellulitis boil or carbuncle	...	...	...	...	...	145
Sinus, ulcer, scar, cyst, tumour	...	...	...	...	...	398
Removal of nail	...	...	...	...	...	94
Septic infections of hand	...	...	...	...	...	321
Skin graft and plastic repair	...	...	...	...	...	19
Foreign body in limb/trunk—removal	...	...	...	...	...	141

*Arteries, Veins and Lymphatics (542)—*

Injection of varicose veins	...	...	...	...	...	362
Ligature of varicose veins	...	...	...	...	...	45
For suppurative lymphadenitis	...	...	...	...	...	120

*Nerves (22)—Miscellaneous* ... ..

*Bones and Joints (1,280)—*

The majority of operations in this section were carried out for the treatment of fractures and dislocations ; manipulations of bones and joints (97) and with the application of plaster of Paris (1,115) represent the most common operations performed. Transfixion pin or wire [including Zimmer apparatus (3)] (9) ; open operations for reduction and fixation of fragments (including Smith Petersen pin 6), (23) ; sequestrectomy (5) ; excision of bone (23).

*Muscles, Tendons, Bursæ (68).*

*Amputations (31).*—This total comprises operations on tibia and fibula (1), femur (3), arm (1), and fingers and toes (26).

*Skull, Brain and Spine (13).*

*Eye (391)*—Removal of foreign body, 295.

*Abdominal Wall and Cavity (272)—*

Herniotomy for inguinal herniæ (11 strangulated) (11 Gallie graft repair)	151
Herniotomy for femoral herniæ (13 strangulated)	23
Herniotomy for ventral, umbilical and incisional herniæ (2 strangulated)	18
Laparotomy—exploratory for adhesiolysis, peritonitis abscess, &c.	78

*Mouth, Pharynx and Œsophagus (41).*

*Thyroid and Neck (37)*—includes thyroidectomy (16), branchial cyst (5), operation on salivary glands (9). Adenoma thyroid (3).

*Breast (57)*—includes incision of mammary abscess (27), removal of breast (20), removal of tumour (9).

\* Every case on whom any operation, either radical or palliative, was performed is included in the total of operation deaths on which these mortality rates are based.

*Stomach, Duodenum, Intestine, Rectum, Anus, Gall Bladder (820)—*

For peptic ulcer (32 perforated)	...	...	...	...	...	39
Gastrectomy	...	...	...	...	...	42
Gastroscoy	...	...	...	...	...	51
Rammstedt	...	...	...	...	...	13
Enterostomy/colostomy, with/without resection	...	...	...	...	...	21
Enterectomy/colectomy	...	...	...	...	...	15
Anastomoses—various	...	...	...	...	...	5
Appendicectomy	...	...	...	...	...	178
Appendicectomy (Interval—previous Ochsner-Sherren treatment)	...	...	...	...	...	40
Appendicectomy with drainage	...	...	...	...	...	15
Appendix abscess—drainage only	...	...	...	...	...	10
For intussusception/internal hernia/volvulus	...	...	...	...	...	5
Excision of rectum	...	...	...	...	...	8
Proctoscopy/sigmoidoscopy (minor operation)	...	...	...	...	...	39
For hæmorrhoids (injections—192 (minor operation))	...	...	...	...	...	229
Ischio-rectal Anal abscess	...	...	...	...	...	34
Various Anal operations	...	...	...	...	...	27
Cholecystectomy	...	...	...	...	...	23
Cholecystogastrostomy	...	...	...	...	...	1
Splenectomy	...	...	...	...	...	3
Adrenal gland	...	...	...	...	...	2

*Kidney, Ureter, Bladder and Urethra (790)—*

Miscellaneous on kidney, bladder and ureter...	...	...	...	...	...	22
Nephrectomy	...	...	...	...	...	20
Cystoscopy and ureteric catheterization	...	...	...	...	...	58
Cystoscopy (minor operation)	...	...	...	...	...	191
Ureterotomy-ureterolithotomy...	...	...	...	...	...	5
Transplantation of ureter	...	...	...	...	...	1
For vesical calculus	...	...	...	...	...	1
Suprapubic cystostomy	...	...	...	...	...	15
Diathermy of vesical neoplasm	...	...	...	...	...	75
Cystectomy	...	...	...	...	...	1
Urethral operations	...	...	...	...	...	399

*Male Generative Organs (368)—*

Suprapubic prostatectomy	...	...	...	...	...	41
Diathermy of prostate	...	...	...	...	...	6
Circumcision (minor operation)	...	...	...	...	...	202
Varicocele, hydrocele, hæmatocele	...	...	...	...	...	68
On testis/vas/vesicles	...	...	...	...	...	29

*Female Generative Organs (609)—*

Ovary and/or tube Oophorectomy	...	...	...	...	...	46
Salpingectomy (sterilization 2)	...	...	...	...	...	8
Ectopic gestation	...	...	...	...	...	8
Hysteropexy (sterilization 4)	...	...	...	...	...	9
Hysterotomy (sterilization 4)	...	...	...	...	...	5
Myomectomy	...	...	...	...	...	6
For incomplete abortion	...	...	...	...	...	295
Curettage (diagnostic)	...	...	...	...	...	44
Hysterectomy (vaginal 2, Pan 8)	...	...	...	...	...	56
For prolapse	...	...	...	...	...	33
Therapeutic abortion (induction)	...	...	...	...	...	5

*Thorax and Contents (494)—*

Artificial pneumothorax	...	...	...	...	...	89
Pneumoperitoneum	...	...	...	...	...	57
Thoracoscopy and adhesiotomy	...	...	...	...	...	9
Lobectomy	...	...	...	...	...	22
Pneumonectomy (bronchiectasis 2, carcinoma 2)	...	...	...	...	...	4

Laparotomy was performed 748 times. This number does not include herniotomies for inguinal and femoral herniæ and open operations on the kidney and bladder. 228 laparotomies were for appendicitis. During the year 206 persons were discharged or died after operations for appendicitis.



## ANALYSIS OF OPERATIONS FOR APPENDICITIS PERFORMED ON PATIENTS TREATED TO A CONCLUSION.

	Males.			Females.			Totals.		
	Relieved.	Died.	Total.	Relieved.	Died.	Total.	Relieved.	Died.	Total.
*Acute ... ..	61	—	61	47	—	47	108	—	108
Acute with local peritonitis ...	15	—	15	13	—	13	28	—	28
Acute with local abscess ...	—	—	—	—	—	—	—	—	—
Acute with general peritonitis ...	27	3	30	14	1	15	41	4	45
Chronic ... ..	—	—	—	—	—	—	—	—	—
†Interval ... ..	17	—	17	8	—	8	25	—	25
Totals ... ..	120	3	123	82	1	83	202	4	206

Operative mortality rate of 181 acute cases—2·2 per cent.

In 48 cases an appendix abscess was palpable on admission ; 48 of these received Ochsner-Sherren treatment. There was one death : a child, aged 8 years, ill 4 days prior to admission in moribund condition and unfit for operation, died from acute appendicitis and general peritonitis.

In 9 cases the abscess was drained. There were no deaths.

The average duration of stay of the unoperated cases was 14·6 days while for the operated cases it was 25 days. Twenty-five patients returned for interval appendicectomy. There were no deaths.

## 2. Anaesthetics.

*Analysis of Anæsthetics administered during the Year.*

	Theatre.	Maternity.	Wards.	Casualty and Out-patients.	Dental.	Total.
<i>General Anæsthesia—</i>						
<i>Nitrous Oxide</i> (supplemented by trilene 31, preceded by I.V.B. 494, preceded by I.V.B. and supplemented by trilene 184) ... ..	726	29	10	800	235	1,800
<i>Ether</i> (preceded by ethyl chloride 817, preceded by nitrous oxide 327, preceded by I.V.B. and nitrous oxide 271) ...	963	228	8	239	9	1,447
<i>Cyclopropane</i> (preceded by nitrous oxide 50, and supplemented by ether 35, preceded by I.V.B. 604, and supplemented by ether 269) ... ..	986	—	—	—	6	992
<i>Vinesthene</i> (preceded by I.V.B. 3) ...	20	—	—	—	2	22
<i>Ethyl Chloride</i> (alone) ... ..	13	—	1	34	1	49
<i>Intravenous Barbiturates</i> (preceded by surface application of local anæsthetic 147) ... ..	252	3	1	9	1	266
<i>Local Anæsthesia—</i>						
<i>Spinal</i> —High spinal 27, supplemented by I.V.B. and cyclopropane 20 ; low spinal 21, supplemented by I.V.B. 4 ...	47	1	—	—	—	48
<i>Infiltration</i> (supplemented by I.V.B. and nitrous oxide 13) ... ..	131	438	145	717	10	1,441
<i>Brachial Plexus Block</i> (supplemented by I.V.B. 3) ... ..	17	—	—	2	—	19
<i>Caudal Block</i> (supplemented by I.V.B. 3) ...	13	1	—	—	—	14
<i>Intercostal Block</i> (supplemented by I.V.B. and cyclopropane 3) ... ..	8	—	—	—	—	8
<i>Nerve Blocks</i> , various ... ..	10	—	—	—	—	10
<i>Abdominal Field Block</i> (supplemented by I.V.B. and cyclopropane 56, supplemented by I.V.B. and nitrous oxide 8) ...	67	—	—	—	—	67
<i>Surface Application</i> alone ... ..	361	—	17	289	—	667
<i>Freezing</i> , by ethyl chloride spray ...	—	—	2	57	—	59
Totals ... ..	3,614	700	184	2,147	264	6,909

I.V.B. = Intravenous barbiturate.



3. Radiological Department.

In-patients investigated	...	...	...	...	...	...	2,186
Out-patients investigated	...	...	...	...	...	...	7,924
Total patients investigated							10,110

ANALYSIS OF INVESTIGATIONS MADE DURING THE YEAR.

							Totals.
Skull for injury, disease or deformity	...	...					922
Chest and contents for disease	...	...	...				4,910
Alimentary tract	...	...	...	...	...		1,517
Biliary passages	...	...	...	...	...		269
Urinary system	...	...	...	...	...		1,122
Generative system	...	...	...	...	...		654
Bones and joints for injury	...	...	...	...	...		4,324
Bones and joints for disease or deformity	...	...					1,390
Miscellaneous	...	...	...	...	...		37
Dental	...	...	...	...	...		670
Totals							15,815

Special Methods of Investigation.

Barium meals	...	...	...	...	...	...	1,223
Barium enemata	...	...	...	...	...	...	173
Cholecystograms	...	...	...	...	...	...	114
Injections—Lipiodol/sodium bromide...	...	...	...	...	...	...	162
Pyelograms—retrograde	...	...	...	...	...	...	54
Urograms—intravenous	...	...	...	...	...	...	458
Screening the removal of a foreign body	...	...	...	...	...	...	3
Manipulation and fixation of fracture under fluorescent screen							87
Total...							2,274

Average investigations per patient	...	...	...	...		1.56
*Radiograms taken	...	...	...	...	...	36,588
*Average radiograms per investigation	...	...	...	...	...	2.31
*Average radiograms per patient	...	...	...	...	...	3.62
Dental radiograms taken	...	...	...	...	...	2,736
Maternity patients	...	...	...	...	...	87
Ante-natal clinic patients	...	...	...	...	...	527

Comparative Table.

		1946.	1947.
Radiological investigations	...	13,741	15,815

\* Dental radiograms and dental patients included.

## 4. Physical Medicine Department.

	In-patients.	Out-patients.	Total.
Number of patients treated ... ..	290	2,297	2,587
Number of treatments given—			
Massage ... ..	1,023	11,687	12,710
Electrical ... ..	1,718	22,477	24,195
Ultra-violet ray ... ..	235	2,918	3,153
Diathermy ... ..	134	2,736	2,870
Medical and physical exercises ... ..	4,841	12,637	17,478
Wax ... ..	—	1,201	1,201
Totals ... ..	7,951	53,656	61,607

## 5. Maternity Department.

## I. ANTE-NATAL CLINIC.

Ante-natal sessions held ... ..	204
Expectant mothers examined ... ..	2,866
Total attendances ... ..	11,203
Average number seen per session ... ..	54.9
Average number of attendances per expectant mother ... ..	3.9
Women referred for pathological investigation ... ..	1,762
Women referred for radiological investigation ... ..	527

## II. STATISTICAL TABLES AND ANALYSES OF CONFINEMENTS.

*Analysis of 1,949 Deliveries which took place during the year.*

							Per cent.	
Mother admitted	...	Via ante-natal clinic	...	...	...	1,658	85.1	
		As an emergency case	...	...	...	291	14.9	
		Total	...	...	...	1,949	100.0	
Civil State	...	Married	...	...	...	1,894	97.2	
		Unmarried	...	...	...	55	2.8	
		Total	...	...	...	1,949	100.0	
Parous State	...	Primipara	...	...	...	1,001	51.4	
		Multipara	...	...	...	948	48.6	
		Total	...	...	...	1,949	100.0	
Presentation	...	Vertex—occipito anterior	...	...	...	1,704		
		Vertex—occipito posterior	...	...	...	86		
		Vertex—occipito lateral	...	...	...	74		
		Breech	...	...	...	98		
		Transverse	...	...	...	11		
		Face	...	...	...	7		
		Brow	...	...	...	4		
		Compound	...	...	...	5		
		Total...	...	...	...	1,989		

There were 36 sets of twins—

Both vertex occipito anterior ... ..	10 sets
Breech vertex ... ..	19 sets
Transverse vertex ... ..	2 sets
Transverse breech ... ..	1 set
Both breech ... ..	4 sets

There were 2 sets of triplets—

Vertex, vertex, transverse.  
Vertex, vertex, breech.

*Induction of Labour.*

Indication.	Number of Cases that had Induction.		
	Of Premature Birth.	At or After Term.	Totals.
Maternal toxæmia or hypertension ... ..	56	169	225
Post maturity ... ..	1	84	85
Obstetric history ... ..	3	13	16
Fœtal death or abnormalities ... ..	5	6	11
Acute hydramnios or triplets ... ..	2	—	2
Pyelitis ... ..	1	2	3
Placenta prævia or ante-partum hæmorrhage ...	4	13	17
General constitutional diseases ... ..	1	14	15
Rhesus negative ... ..	6	3	9
Totals ... ..	79	304	383

N.B.—8 sets of twins and 2 sets of triplets were born following induction of labour.

*Method of Delivery following Induction.*

	Medical Induction only.	Surgical Induction only.	Medical and Surgical Induction.	Totals.
Natural forces ... ..	95	145	108	348
Forceps ... ..	7	12	12	31
Cæsarean section ... ..	5	7	2	14
Manual of vertex ... ..	—	1	—	1
Embryotomy ... ..	—	1	—	1
Totals ... ..	107	166	122	395

In 15 cases following induction the puerperium was morbid.  
There were 373 live births and 22 stillbirths.

*Method of Delivery of the 1,989 Infants Born.*

Method of Delivery.	No. of Births.	Deaths.		
		Maternal.	Fœtal.	Neo-natal.
Natural forces ... ..	1,343	—	19	30
Natural forces after induction ... ..	346	—	19	13
Natural forces after Willett's forceps ...	1	—	1	—
Natural forces after surgical induction and Willett's forceps ... ..	1	1	—	—
Natural forces after internal version ...	1	—	—	—
Natural forces after internal version after surgical induction ... ..	1	—	—	1
Forceps ... ..	136	—	4	4
Forceps after induction ... ..	31	—	—	1
Forceps after internal version ... ..	2	—	—	—
Cæsarean section ... ..	94	—	2	4
Cæsarean section after induction ... ..	14	—	1	1
Manual of breech ... ..	13	—	5	1
Manual of vertex ... ..	1	—	—	—
Manual of vertex after surgical induction ...	1	—	1	—
Manual of transverse ... ..	2	—	—	—
Embryotomy ... ..	1	—	1	—
Embryotomy after surgical induction ...	1	—	1	—
Totals ... ..	1,989	1	54	55



Midwives delivered	...	...	...	...	1,663 women.
Medical officers delivered	...	...	...	...	326 women.
Midwives sought medical assistance for	...	...	...	...	913 women.
Forceps rate	...	...	...	...	8.5 per 100 births.
Maternal morbidity rate after forceps	...	...	...	...	4.7 per cent.
Anæsthetics given for obstetric purposes	...	...	...	...	1,276
Average length of lying-in period in days	...	...	...	...	7.7

*Pregnancy and Labour.*

Conditions of both pregnancy and labour normal	...	1,170 = 60.1 per cent.
Conditions of either or both abnormal	...	741 = 38.0 per cent.
Multiple cyesis and labour, normal and abnormal	...	38 = 1.9 per cent.

*Obstetric Operations.*

Application of forceps	...	...	...	...	...	...	163
Cæsarean section	...	...	...	...	...	...	102
Cæsarean section and sterilisation	...	...	...	...	...	...	2
Adherent placenta	...	...	...	...	...	...	27
Manual delivery of complicated breech	...	...	...	...	...	...	4
Manual delivery of transverse	...	...	...	...	...	...	—
Surgical inductions	...	...	...	...	...	...	280
Embryotomy	...	...	...	...	...	...	3
Repair of perineum—tear grade 1	...	...	...	...	...	...	139
tear grade 2	...	...	...	...	...	...	148
tear grade 3	...	...	...	...	...	...	6
Versions	...	...	...	...	...	...	2
Placenta prævia (Willetts forceps)	...	...	...	...	...	...	1
Episiotomy	...	...	...	...	...	...	190
Miscellaneous	...	...	...	...	...	...	19
Total...	...	...	...	...	...	...	1,086

Indications for which Cæsarean sections were done :—

Indication.	Booked.	Emergency.	Totals.
Disproportion and trial labour	31	8	39
Contracted pelvis	19	3	22
Obstetric history	2	—	2
Breech or transverse presentation	5	2	7
Brow presentation	3	1	4
Pre-eclamptic toxæmia	1	1	2
Placenta prævia	6	8	14
Previous colpo-perineorrhaphy	4	—	4
Proloped cord	1	1	2
Ruptured uterus	1	—	1
Rigid cervix	3	1	4
Uterine inertia...	—	1	1
Essential hypertension	2	—	2
Hæmorrhagic disease of unborn	2	—	2
Smith Petersen pin in pelvis	1	—	1
Congenital vaginal stricture	1	—	1
Totals	82	26	108

27 classical and 81 lower segment operations ; no maternal, 5 neo-natal and 3 foetal deaths.

Maternal Morbidity.

The figures given under this head relate to women admitted to the maternity department and to booked cases delivered before admission. Of this group, all who had pyrexia in the puerperium (Ministry of Health standard) and all who died after delivery or undelivered are included as morbid.

Cases of abortion and ectopic gestation are not admitted to the department. The maternal morbidity of cases of abortion is given under the head of abortion. No case of ectopic gestation was morbid.

	Booked.	Emergency.	Totals.
Pyrexial cases ... ..	40	13	53
Maternal deaths—pyrexial ... ..	—	—	—
Maternal deaths—apyrexial ... ..	1	—	1
Pyrexial cases and maternal deaths ... ..	41	13	54
Number of women delivered ... ..	1,658	291	1,949
Maternal morbidity-rate per 1,000 delivered ...	24·7	44·7	27·7

Pyrexia in the Puerperium.

The Ministry of Health standard of puerperal pyrexia is adopted. Unless there is definite evidence to the contrary, every case of pyrexia occurring in the puerperium is assumed to be due to uterine infection. In addition to the conditions generally accepted as sequelæ of uterine infection, the following, when they occur in the puerperium, are returned also under that head: thrombosis, thrombo-phlebitis, phlegmasia alba dolens, pulmonary embolus, pneumonia and broncho-pneumonia,

During the year, 53 cases of pyrexia in the puerperium occurred; 53 recovered and were discharged and none died.





*Analysis of the 53 Puerperal Pyrexia Cases.*

Register No. †	Age.	Gravida.	Maturity (weeks).	Method of Delivery.	Complication of Labour and/or Maternal Complication.	* Pyrexia.		Cause of Pyrexia.	Cervical Swabbing.	Duration of Pyrexia.†	Births.
						Date of Onset.	Day of Puerperium.				
B 47/65	27	1	40	Natural forces after medical induction	Nil ... ..	27.12.46	3rd	Cause not determined	Nil ... ..	Days 8	Live.
B 47/67	22	1	40	Natural forces	Nil ... ..	30.12.46	4th	Local pelvic infection	... ..	3	"
B 47/207	20	1	40	Natural forces after medical induction	Nil ... ..	6.1.47	5th	Mastitis ... ..	No significance	3	"
B 47/343	35	1	40	Cæsarean section	Toxæmia and disproportion	4.1.47	Before delivery	Cause not determined	... ..	8	"
E 47/353	24	1	40	Natural forces	Ante-partum hæmorrhage, adherent placenta and post-partum hæmorrhage	11.1.47	3rd	Local pelvic infection	... ..	4	"
B 47/550	22	1	40	"	Nil ... ..	18.1.47	1st	Pyelitis ... ..	Staphylococci albus and coli-forms	3	"
B 47/583	31	2	40	Forceps	Post-occipito posterior and uterine inertia	20.1.47	7th	Bronchitis	Nil ... ..	4	"
B 47/719	29	1	40	Cæsarean section	Placenta prævia	23.12.46	1st	Cause not determined	No significance...	7	"
B 47/731	35	1	40	"	Complicated breech. Elderly primigravida with short cord, preventing ante-natal version	2.1.47	Before delivery	Bronchitis and pulmonary embolism	Hæmolytic streptococci	23	"
B 47/751	21	1	34	Natural forces after surgical induction	Toxæmia and twins	21.1.47	15th	Pyelitis	No significance...	10	"
E 47/963	31	2	38	Cæsarean section	Central placenta prævia	10.2.47	10th	Local pelvic infection	Staphylococci albus	5	"
B 47/964	23	1	36	Natural forces	Nil ... ..	8.2.47	4th	Coryza ... ..	"	3	"
B 47/1117	30	1	40	"	" ... ..	21.2.47	3rd	Local pelvic infection	Staphylococci albus and coli-forms	4	"
E 47/1262	19	1	40	Forceps	Eclampsia	22.2.47	Before delivery	Urinary infection	Nil ... ..	6	"
B 47/1295	31	3	40	Natural forces after medical induction and surgical induction	Toxæmia	4.3.47	1st	Local pelvic sepsis	No significance...	3	"
B 47/1412	26	1	40	Cæsarean section	Disproportion and extended breech	4.3.47	2nd	Gastro-enteritis	"	3	"
B 47/1424	24	1	40	Cæsarean section	Disproportion	1.3.47	1st	Local pelvic infection	No significance...	10	"
E 47/1780	29	1	40	"	Primary uterine inertia	24.3.47	1st	"	"	6	"
E 47/2142	34	1	40	Forceps	Lymphadenoma	31.3.47	3rd	Hodgkin's disease	Nil ... ..	Until discharge	"
B 47/2589	23	2	40	Natural forces	Nil ... ..	12.5.47	3rd	Local pelvic infection	Hæmolytic streptococci	3	"
E 47/2723	31	2	35	Cæsarean section after surgical induction	Toxæmia	12.5.47	1st	Post operative collapse of lung	Nil ... ..	7	"
B 47/2764	34	1	40	Cæsarean section	Persistent transverse lie and fibroids	11.5.47	4th	Paralytic ileus and local pelvic infection	No significance...	12	"

E	47/2927	21	2	40	25.5.47	1st	Partial collapse of lung ...	8	”
B 47/2953	23	1	40	31.5.47	3rd	Mastitis ...	”	...	”
B 47/3002	32	1	40	30.5.47	1st	Urinary infection	”	...	”
B 47/3037	42	3	40	29.5.47	1st	Cause not determined	”	...	”
B 47/3293	29	1	40	11.6.47	1st	Local pelvic infection	”	...	”
B 47/3498	23	1	40	26.6.47	2nd	”	”	...	”
B 47/3757	19	1	40	5.7.47	2nd	Mastitis ...	”	...	”
B 47/3837	18	1	40	11.7.47	7th	Urinary infection	”	...	”
B 47/3854	24	1	40	12.7.47	5th	”	”	...	”
E 47/4080	32	1	40	22.7.47	1st	Cause not determined	”	...	”
B 47/4147	27	2	40	28.7.47	5th	Pelvic infection ...	”	...	”
B 47/4192	18	1	40	30.7.47	8th	Mastitis ...	”	...	”
B 47/4296	33	1	40	7.8.47	9th	Urinary infection	”	...	”
B 47/4312	41	1	40	4.8.47	1st	Local pelvic infection	”	...	”
B 47/4405	29	1	40	26.7.47	1st	Lobar pneumonia...	”	...	”
B 47/4447	24	1	40	17.8.47	5th	Local pelvic infection	”	...	”
B 47/4499	25	1	40	16.8.47	1st	Urinary infection	”	...	”
E 47/4505	37	2	40	19.8.47	11th	Thrombophlebitis	”	...	”
E 47/4844	37	2	40	6.9.47	9th	Wound sepsis ...	”	...	”
B 47/4999	27	1	40	9.9.47	1st	”	”	...	”
B 47/5170	38	1	40	17.9.47	4th	Local pelvic infection	”	...	”
E 47/5343	34	7	40	2.10.47	4th	Pharyngitis ...	”	...	”
E 47/5357	26	2	40	10.10.47	2nd	Urinary infection	”	...	”
B 47/5704	28	3	40	7.10.47	1st	Local pelvic sepsis	”	...	”
B 47/5748	37	2	40	13.10.47	Before delivery	Cause not determined	”	...	”
B 47/5809	32	1	40	25.10.47	8th	Mastitis ...	”	...	”
B 47/6339	37	1	40	21.11.47	9th	Thrombophlebitis	”	...	”
B 47/6480	22	1	40	6.12.47	5th	Urinary infection	”	...	”
E 47/6742	33	1	40	5.12.47	1st	Post operative bronchitis	”	...	”
B 47/6825	35	3	40	13.12.47	16th	Thrombophlebitis	”	...	”
B 47/6829	23	1	40	13.12.47	1st	Local pelvic infection	”	...	”

\* Date and day of the second recording of a temperature of 99° F. or over. In every case the date given here is earlier than that on which the pyrexia became notifiable.  
† Temperature 100° after delivery.  
‡ E. before a register number indicates an emergency case.



Summary of the 53 Pyrexial Cases.

Uterine infection	...	...	...	...	...	17
Mastitis	...	...	...	...	...	5
Urinary infection	...	...	...	...	...	10
Pulmonary complications	...	...	...	...	...	7
Other causes	...	...	...	...	...	8
Cause not determined	...	...	...	...	...	6
Total...	...	...	...	...	...	53

Of the 53 women who had pyrexia in the puerperium, 38 were primiparæ.

Maternal Deaths.

Register No.†	Age.	Gravida.	Maturity (weeks)	Complication of Labour and/or Maternal Complication.	Method of Delivery.	*Class I.	*Class II.	*Group I.	*Group 2.	Births.
493B	29	3	40	Toxaemia and lateral placenta prævia ...	Natural forces after surgical induction after Willett's forceps ...	Yes	—	—	Yes	Live

Maternal Mortality Rates.

Per 1,000 booked cases delivered	...	...	...	...	...	.6
Per 1,000 emergency cases delivered	...	...	...	...	...	—
Per 1,000 cases delivered	...	...	...	...	...	.5

\* *Vide* Final Report of Departmental Committee on Maternal Mortality and Morbidity, 1932. Class I.—Deaths directly due to child-bearing (abortions and ectopics are not included here); Class II.—Death due to an independent disease. Group I.—Cases showing a primary avoidable factor; Group 2.—Cases showing no primary avoidable factor.  
† B. after a register number indicates a booked case.



Indications for Forceps Deliveries.

Indication.	Booked.	Emergency.	Total.
Disproportion and deep transverse arrest ...	39	14	53
Disproportion and persistent occipito posterior ...	13	12	25
Pelvic contraction ... ..	24	7	31
Rigid cervix or perineum ... ..	15	1	16
Uterine inertia ... ..	8	7	15
Prolapsed cord ... ..	2	3	5
Eclampsia ... ..	—	1	1
Compound presentation ... ..	2	1	3
Foetal or maternal distress ... ..	10	3	13
Ante-partum hæmorrhage ... ..	—	1	1
Twins ... ..	1	2	3
Previous cerebral hæmorrhage ... ..	1	—	1
Rheumatic carditis ... ..	1	—	1
Hydrops foetalis ... ..	1	—	1
Totals ... ..	117	52	169

III.—MATERNITY DEPARTMENT, INFANTS' REPORT.

Births.								Per cent.	
Full-time	...	...	...	...	...	...	...	1,738	87·4
Premature	...	...	...	...	...	...	...	197	9·9
Stillborn	...	...	...	...	...	...	...	54	2·7
Total births								1,989	100·0
Average weight at birth of infants—booked cases								7 lbs. 5 ozs.	
Average weight at birth of infants—emergency cases								7 lbs. 3 ozs.	
Infants not entirely breast-fed								171	

## Stillbirths.

## DETAILS OF 54 STILLBIRTHS.

Maternal Complication.	Method of Delivery.	Infant.*	Cause of Death.
Emergency—			
Failed forceps ... ..	Embryotomy ... ..	F.T.M. ...	Stress of labour.
Ante-partum hæmorrhage ... ..	Cæsarean section ... ..	P. ...	Separation of placenta.
Failed forceps ... ..	Forceps ... ..	F.T. ...	Stress of labour.
Accidental hæmorrhage ... ..	Natural forces ... ..	P. ...	Accidental hæmorrhage.
Toxæmia and breech ... ..	Natural forces after surgical induction and medical induction	P.M. ...	Cause not determined.
Nil ... ..	Natural forces ... ..	F.T.M. ...	" "
Toxæmia ... ..	Manual ... ..	F.T.M. ...	Maternal toxæmia.
Breech ... ..	" ... ..	F.T. ...	Stress of labour.
Toxæmia ... ..	Natural forces after surgical induction and medical induction	P.V.M. ...	Maternal toxæmia.
Nil ... ..	Forceps ... ..	F.T. ...	Prolapsed cord.
Nil ... ..	Natural forces ... ..	P.V.M. ...	Multiple congenital abnormalities.
Toxæmia, accidental hæmorrhage and ante-partum hæmorrhage	" ... ..	P. ...	Separation of placenta.
Breech ... ..	" ... ..	P.V.M. ...	Mother Rhesus negative.
Nil ... ..	" ... ..	P.M. ...	" "
Toxæmia and retained placenta	Natural forces after surgical induction	P.V.M. ...	Prematurity and maternal toxæmia.
Nil ... ..	Cæsarean section ... ..	F.T. ...	Prolapsed cord.
Ante-partum hæmorrhage and concealed accidental hæmorrhage	Natural forces after surgical induction	F.T. ...	Separation of placenta.
Accidental hæmorrhage, placenta prævia, and post-partum hæmorrhage	" "	F.T.M. ...	" "
Accidental hæmorrhage ... ..	Natural forces ... ..	F.T. ...	" "
Breech ... ..	" ... ..	P.V. ...	Prematurity.
Rhesus negative... ..	" ... ..	F.T. ...	Cause not determined.
Eclampsia and toxæmia ... ..	" ... ..	P. ...	Maternal toxæmia.
Booked—			
Toxæmia ... ..	Natural forces after surgical induction	P.V.M. ...	Maternal toxæmia.
Breech ... ..	Natural forces ... ..	F.T.M. ...	Mother Rhesus negative.
Ante-partum hæmorrhage ... ..	" ... ..	P. ...	Separation of placenta.
Toxæmia and breech ... ..	Natural forces after surgical induction	P. ...	Maternal toxæmia.
Breech ... ..	Natural forces after surgical induction and medical induction	P.V.M. ...	Cause not determined.
Face presentation ... ..	" "	F.T.M. ...	Anencephalus.
Breech ... ..	" "	F.T. ...	Hydrocephalus.
Nil ... ..	Natural forces ... ..	F.T. ...	Cerebral hæmorrhage and tentorial tear.
Lateral placenta prævia and ante-partum hæmorrhage	Natural forces after surgical induction	F.T. ...	" " "
Nil ... ..	" "	P. ...	Anencephalus.
Toxæmia ... ..	" "	P.M. ...	Maternal toxæmia.
Toxæmia, breech, and ruptured uterus	Cæsarean section after medical induction	F.T. ...	Ruptured uterus and separation of placenta.
Triplets ... ..	Embryotomy after surgical induction	P. ...	Multiple congenital deformities.
Nil ... ..	Forceps ... ..	F.T.M. ...	Hydrops foetalis.
Toxæmia ... ..	Natural forces ... ..	F.T. ...	Short cord tightly round neck.
Nil ... ..	Natural forces after medical induction	P.M. ...	Hydrocephalus.
Breech, pre-eclamptic toxæmia, and pulmonary embolism	Manual ... ..	P.V. ...	Prolapsed cord.
Face presentation ... ..	Natural forces ... ..	P. ...	Anencephalus.
Toxæmia ... ..	Natural forces after medical induction and surgical induction	F.T.M. ...	Hydrocephalus.
Nil ... ..	Natural forces ... ..	F.T.M. ...	Cause not determined.
Essential hypertension, adherent placenta, and post-partum hæmorrhage	Natural forces after surgical induction and medical induction	P. ...	Anencephalus.
Acute hydramnios ... ..	Natural forces after Willett's forceps	P. ...	Intracranial hæmorrhage.
Intra uterine death ... ..	Natural forces after surgical induction and medical induction	P.V.M. ...	Operation for ovarian cyst during pregnancy.

Stillbirths—continued.

Maternal Complications.	Method of Delivery.	Infant.*	Cause of Death.
<i>Booked—continued.</i>			
Hydramnios, ante-partum hæ-morrhage and post-partum hæ-morrhage	Manual after surgical induction	P. ...	Anencephalus and spina bifida.
Nil ... ..	Natural forces after surgical induction and medical in-duction	F.T.M. ...	Hydrocephalus.
Breech ... ..	Manual ... ..	F.T. ...	Prolapsed cord and stress of labour.
Toxæmia ... ..	Natural forces ... ..	P. ...	Maternal toxæmia.
Ante-partum hæ-morrhage and post-partum hæ-morrhage	Forceps ... ..	F.T. ...	Spina bifida and hydrocephalus.
Nil ... ..	Natural forces after surgical induction	F.T. ...	Anencephalus.
Nil ... ..	Natural forces ... ..	F.T. ...	Cause not determined.
Breech ... ..	Manual ... ..	F.T. ...	Stress of labour.
Face presentation ... ..	Natural forces ... ..	P.V. ...	Multiple congenital abnormalities.

\* F.T. = Full-time. F.T.M. = Full-time, macerated. P = Premature. P.M. = Premature, macerated.  
P.V. = Pre-viable. P.V.M. = Pre-viable, macerated.

SUMMARY OF CAUSES OF STILLBIRTH.

Cause of Stillbirth.	Booked.	Emergency.	Total.
Maternal complications ... ..	5	6	11
Complication of labour ... ..	9	4	13
Placental conditions ... ..	1	7	8
Foetal conditions ... ..	14	2	16
Unknown ... ..	3	3	6
Totals ... ..	32	22	54



## Neo-natal Deaths.

## DETAILS OF THE 55 NEO-NATAL DEATHS (DEATHS WITHIN 4 WEEKS OF BIRTH).

Cause of Death.	Maternal Complication.	Method of Delivery.	Weight at Birth.	Age.
Emergency—			lbs. ozs.	
Intracranial hæmorrhage, asphyxia, prematurity and tentorial tear	Nil ... ..	Natural forces ...	5 4	10 hours.
Hæmorrhagic disease of newborn ... ..	Breech ... ..	Manual ... ..	8 0	3 days.
Asphyxia, cerebral hæmorrhage, and prematurity	Nil ... ..	Natural forces ...	4 4	3 „
Atelectasis and prematurity ... ..	Placenta prævia and breech	Cæsarean section ...	3 7	1 day.
Prematurity and congenital atelectasis ...	Toxæmia and breech	Natural forces ...	2 1	1 „
Prematurity and broncho-pneumonia ...	Nil ... ..	„ ... ..	3 0	2 days.
Hydrocephalus and spina bifida ... ..	Nil ... ..	„ ... ..	7 10	9 „
Subtentorial hæmorrhage and atelectasis	Nil ... ..	Forceps ... ..	7 15	1 day.
Cerebral hæmorrhage and tentorial tear ...	Broncho-pneumonia	Natural forces ...	7 8	1 „
Cerebral hæmorrhage, atelectasis, and prematurity	Lobar pneumonia ...	„ ... ..	3 3	1 „
Pulmonary congestion and hæmorrhage into both adrenals due to prematurity	Breech ... ..	„ ... ..	4 0	1 „
Cerebral hæmorrhage and prematurity ...	Nil ... ..	„ ... ..	4 6	6½ hours.
Intracranial hæmorrhage and prematurity	Ante-partum hæmorrhage	„ ... ..	1 8	7½ „
Prematurity and atelectasis ... ..	Nil ... ..	„ ... ..	2 1	9 „
Prematurity ... ..	Breech ... ..	„ ... ..	2 0	1 day.
Intracranial hæmorrhage and broncho-pneumonia	Twins and toxæmia	Forceps ... ..	5 1	4 days.
Intracranial hæmorrhage ... ..	Nil ... ..	Natural forces ...	6 11	1 day.
Atelectasis ... ..	Ante-partum hæmorrhage	Natural forces after surgical induction	6 1	2 days.
Prematurity ... ..	Breech ... ..	Natural forces ...	2 9	1 day.
Booked—				
Broncho-pneumonia, cleft palate, and bifid tongue	Nil ... ..	Natural forces after medical induction	4 8	25 days.
Bronchiolitis and prematurity ... ..	Toxæmia ... ..	Natural forces after surgical induction and medical induction	4 10	11 „
Broncho-pneumonia ... ..	Toxæmia and adherent placenta	Natural forces after surgical induction	6 8	13 „
Tentorial tear, cerebral hæmorrhage and prematurity	Nil ... ..	Forceps ... ..	3 15	13 hours
Sclerema neonatorum and broncho-pneumonia	Nil ... ..	Natural forces ...	4 6	7 days.
Cerebral hæmorrhage tentorial tear, and prematurity	Toxæmia ... ..	Natural forces after surgical induction	4 6	3 „
Intracranial hæmorrhage, tentorial tear, and asphyxia	„ ... ..	Forceps after surgical induction and medical induction	5 11	3 „
Cerebral hæmorrhage and tentorial tear ...	Nil ... ..	Natural forces ...	5 11	1 day.
Asphyxia, cerebral hæmorrhage, and laceration of Falx Cerebri	Breech ... ..	„ ... ..	4 13	3 days.
Multiple congenital deformities ... ..	Breech and essential hypertension	„ ... ..	5 6	1 day.
Prematurity ... ..	Toxæmia ... ..	Natural forces after medical induction and surgical induction	3 3	1 „
Prematurity and maternal toxæmia ... ..	„ ... ..	Natural forces after medical induction and surgical induction	2 8	5 days.
Prematurity and broncho-pneumonia ...	Twins ... ..	Natural forces ...	3 10	14 days.
Atelectasis and prematurity ... ..	Placenta prævia ante-partum hæmorrhage	Cæsarean section ...	4 4	1 day.
Prematurity ... ..	Triplets ... ..	Natural forces after surgical induction	2 8	2 days.
„ ... ..	„ ... ..	Natural forces after internal version after surgical induction	2 8	1 day.
Prematurity and hæmorrhagic disease of newborn	Toxæmia ... ..	Natural forces after surgical induction	3 2	3 days.
Broncho-pneumonia, probably staphylococcal and toxæmia	Ante-partum hæmorrhage and post-partum hæmorrhage	Natural forces ...	4 10	20 „

Cause of Death.	Maternal Complication.	Method of Delivery.	Weight at Birth.	Age.
<i>Booked</i> —continued.			lb. ozs.	
Congenital atresia of œsophagus, tentorial tear, and cerebral hæmorrhage	Nil ... ..	Natural forces ...	7 1	2 days
Hæmorrhagic disease of newborn, and prematurity	Nil ... ..	„ ...	2 14	2 „
Prematurity, atelectasis and asphyxia-neonatorum	Essential hypertension	Cæsarean section after surgical induction	5 8	1 day.
Prematurity ... ..	Ante-partum hæmorrhage	Natural forces ...	2 6	1 „
Congenital hernia of brain ... ..	Chronic nephritis ...	Natural forces after medical induction	5 7	6 days.
Marasmus and prematurity ... ..	Nil ... ..	Natural forces ...	3 10	9 „
Prematurity and cerebral hæmorrhage ...	Face presentation ...	„ ...	3 8	1 day.
Hæmorrhagic disease of newborn ... ..	Nil ... ..	„ ...	7 4	12 hours.
Internal hydrocephalus and prematurity	Hydramnios and ante-partum hæmorrhage	Natural forces after surgical induction	4 0	35 mins.
Broncho-pneumonia and œdema of glottis	Nil ... ..	Natural forces ...	6 4	2 days.
Erythroblastosis ... ..	Rhesus negative ...	„ ...	5 15	7 hours.
Atelectasis and prematurity ... ..	Essential hypertension	Cæsarean section ...	3 1	8 „
Broncho-pneumonia and cerebral hæmorrhage	Nil ... ..	Forceps ... ..	6 14	5 days.
Broncho-pneumonia, cerebral hæmorrhage and prematurity	Hypertension ...	Natural forces after surgical induction	4 12	5 „
Prematurity ... ..	Mitral stenosis ...	Natural forces ...	1 14	1 hr. 40 m.
Atelectasis ... ..	Toxæmia ... ..	Natural forces after medical induction and surgical induction	5 11	2 days.
Broncho-pneumonia and prematurity ...	Breech ... ..	Natural forces ...	4 3	6 „
Meningitis and broncho-pneumonia ...	Toxæmia ... ..	Cæsarean section ...	2 14	9 „



SUMMARY OF CAUSES OF NEO-NATAL DEATHS.

	Booked.	Emergency.	Total.
Prematurity ... ..	9	6	15
Prematurity and bronchopneumonia ... ..	7	1	8
Prematurity and cerebral hæmorrhage ... ..	2	6	8
Congenital malformations ... ..	5	2	7
Bronchopneumonia ... ..	5	—	5
Cerebral hæmorrhage ... ..	4	3	7
Hæmorrhagic disease of newborn ... ..	3	1	4
Erythroblastosis ... ..	1	—	1
Totals ... ..	36	19	55

Infantile Mortality Rates.

		Per cent.
Of 1,989 infants born,	54 were stillborn and 57 died	= 5·6
Of 1,935 infants born alive,	55 died within 4 weeks of birth	= 2·8
Of 197 premature infants born alive,	40 died within 4 weeks of birth	= 20·3

IV.—ANALYSIS OF CASES OF NORMAL AND ABNORMAL PREGNANCY, PARTURITION AND PUERPERIUM TREATED TO A CONCLUSION IN MATERNITY AND OTHER WARDS DURING THE YEAR.

	Booked.	Emergency.	Totals.
Pregnancy, normal ... ..	66	48	114
Pregnancy and spurious labour pains ... ..	15	9	24
Toxæmia of pregnancy ... ..	23	31	54
Ectopic gestation ... ..	—	8	8
Pregnancy and ante-partum hæmorrhage ... ..	5	10	15
Pregnancy and concomitant disease ... ..	27	45	72
Abortion, threatened ... ..	2	39	41
Abortion, incomplete and complete ... ..	11	288	299
Abortion, with post-abortum infection sequelæ ... ..	—	2	2
Labour normal ... ..	1,058	112	1,170
Labour normal and toxæmia of pregnancy ... ..	211	46	257
Labour normal and concomitant disease ... ..	52	6	58
Labour normal and constitutional disease ... ..	42	8	50
Labour abnormal ... ..	190	94	284
Labour abnormal and toxæmia of pregnancy ... ..	43	11	54
Labour abnormal and concomitant disease... ..	17	4	21
Labour abnormal and constitutional disease ... ..	15	2	17
Labour multiple, normal and abnormal ... ..	30	8	38
Puerperium, normal ... ..	21	32	53
Affections consequent on parturition ... ..	2	26	28
Therapeutic abortion ... ..	6	13	19
Hydatidiform mole ... ..	—	1	1
Carneous mole ... ..	—	—	—
Totals ... ..	1,836	843	2,679

Among the 2,679 cases analysed above, there occurred 1 death. Details of this are given under the head of maternal deaths.

Abortion.

(Therapeutic inductions and cases of threatened abortion are not included.)

Cases treated to a conclusion ... ..	299
Pyrexial cases ... ..	6
Deaths (ectopic gestation 1) (carcinoma of pancreas 1) } ... ..	2
Pyrexial cases and deaths ... ..	8
Maternal morbidity rate per 1,000 women who aborted ... ..	20·07



## 6. Pathological Department.

[illegible]

The supply of sterile apparatus and solutions for continuous intravenous saline and glucose therapy has been maintained, approximately 2495 litres of sterile saline distilled water and glucose being supplied to the wards and theatre by the Department.

## Other Clinical Pathology.

## Morbid Anatomy

Examinations made at the West Middlesex County Hospital.			
Wassermann Reaction	...	...	1,084
Kahn Reaction	...	...	1,008
Complement fixation	...	...	499
Animal inoculation	...	...	2
Total	...	...	2,593
Pregnancy tests at the Pregnancy Diagnosis Laboratory, Usher Institute, Edinburgh, 55.			

*Examinations made at the West Middlesex  
County Hospital.*

Wassermann Reaction	...	...	1,084
Kahn Reaction	...	...	1,008
Complement fixation	...	...	499
Animal inoculation	...	...	2
Total	...	...	2,593

Pregnancy tests at the Pregnancy  
Diagnosis Laboratory, Usher Institute,  
Edinburgh, 55.

Summary of Examinations made during the Year.

	At Hillingdon County Hospital.		At West Middlesex County Hospital.	Totals.
	Pathological Department.	Special Clinic.		
Bacteriological ... ..	2,639	1,242	—	3,881
Biochemical ... ..	4,612	—	—	4,612
Other clinical pathology ... ..	11,736	501	2,593	14,830
Morbid anatomy ... ..	1,333	—	—	1,333
Total ... ..	20,320	1,743	2,593	24,656

Post-mortem examinations :—

On the bodies of 729 persons who died in Hillingdon County Hospital, 325 examinations were made. The remaining 8 examinations were made on persons brought in dead and on stillborn infants.

Hospital autopsy rate—44·5 per cent.

Actual specimens sent (and cases for post-mortem) :—

Hillingdon County Hospital	...	...	...	...	...	22,063
West Middlesex County Hospital	...	...	...	...	...	2,593

NOTE.—A serial group investigation, such as a fractional test meal, blood sugar curve, urea concentration test and Widal reaction for the whole enteric group, with b. abortus, is entered as one investigation. A routine investigation of cerebro-spinal fluid is entered under three headings, viz., bacteriological, biochemical and microscopic.

7. Ear, Nose and Throat Department.

Analysis of Operations Performed during the Year.

Aural furuncle, foreign body in ear	...	...	...	...	...	18
Paracentesis tympani	...	...	...	...	...	3
Mastoidectomy (Schwartz 21 ; radical 5)	...	...	...	...	...	26
Submucous resection of septum	...	...	...	...	...	13
Nose and sinuses, various	...	...	...	...	...	93
Antral puncture and washout	...	...	...	...	...	58
*Removal of tonsils and adenoids	...	...	...	...	...	395
Removal of tonsils by dissection	...	...	...	...	...	87
Ligation of tonsillar fossa	...	...	...	...	...	2
Foreign body in pharynx, removal	...	...	...	...	...	10
Bronchoscopy	...	...	...	...	...	3
Direct laryngoscopy	...	...	...	...	...	13
Tracheotomy	...	...	...	...	...	8
Miscellaneous	...	...	...	...	...	3
Total...	...	...	...	...	...	732

There was one death. One child, aged seven weeks, died of bronchopneumonia following operation for mastoiditis.

\* This total includes 10 major operations. In children, tonsils are removed by dissection and, for purposes of classification, the removal of tonsils in children under or over the age of 12 years is deemed a minor or major operation, respectively.



8. Therapeutic, Diagnostic and Prophylactic Procedures.\*  
*Analysis of Special Procedures.*

	Theatre.	Wards.	Out-patient Department.	Total.
Injection of serum or vaccine ... ..	—	144	1,002	1,146
Injection of saline, subcutaneous or intraperitoneal	—	162	—	162
Multiple punctures of œdematous legs ... ..	—	14	—	14
Blood transfusion (auto- or hetero-) ... ..	99	261	—	360
Intravenous injection of saline or drug ... ..	10	186	403	599
Venesection ... ..	—	23	2	25
Lumbar puncture ... ..	—	245	—	245
Inhalation therapy ... ..	—	—	—	—
Paracentesis (thoracis) of pleural cavity ... ..	14	131	—	145
Paracentesis (abdominis) of abdominal cavity ... ..	—	90	—	90
Gastric lavage ... ..	—	224	—	224
Jennerian vaccination ... ..	—	—	1	1
CO <sub>2</sub> snow ... ..	—	—	280	280
Cisternal puncture ... ..	—	—	—	—
Splenic puncture ... ..	—	—	—	—
Sternal puncture ... ..	—	10	—	10
Totals ... ..	123	1,490	1,688	3,301

9. Casualty and Out-Patient Department.

†Casualties—medical and surgical ... ..	16,953
In-patients made out-patients ... ..	2,042
Ante-natal and post-natal cases ... ..	3,909
Special Clinic ... ..	512
Total casualties and out-patients treated ... ..	23,416
Patients on books at the beginning of the year ... ..	5,129
New casualties and out-patients ... ..	18,287
Total ... ..	23,416*

\* Including 270 Ministry patients.

	Clinic.					Patients.	Attendances.
Post-natal	...	...	...	...	...	1,043	1,277
Ante-natal	...	...	...	...	...	2,866	11,203
‡Massage	...	...	...	...	...	2,297	32,318
Orthopædic	...	...	...	...	...	830	6,440
Medical...	...	...	...	...	...	3,026	9,597
Ear, Nose and Throat*			...	...	...	1,717	3,738
Surgical (i)	...	...	...	...	...	1,173	3,924
Surgical (ii)	...	...	...	...	...	1,867	7,905
Dental ...	...	...	...	...	...	514	1,285
Skin ...	...	...	...	...	...	536	2,228
Eye ...	...	...	..	...	...	457	1,916
Psychiatric	...	...	...	...	...	3	59
Radio-therapy		...	...	...	...	26	301
Casualty	...	...	...	...	...	8,846	27,424
Special Clinic	...	...	...	...	...	512	9,878
						<hr/>	<hr/>
Totals	...	...	...	...	...	23,416	119,493
						<hr/>	<hr/>

Including 1,028 attendances made by Ministry patients.

Total number of attendances made... ..	119,493§
Average number of attendances per patient ... ..	5.6

\* None of these has been included in the foregoing list of operations.  
† Includes patients referred by medical practitioners for a specialist's opinion and/or some special investigation or form of treatment.  
‡ Not included in the total number of patients owing to the fact that they have been referred from other clinics.  
§ Only one attendance is included for 2,747 patients who attended more than one clinic during their visit to hospital.



*Operations—*

Suturing of wound/toilet/resuturing	...	...	...	...	...	1,727
Burns and scalds—toilet	...	...	...	...	...	10
Incision of abscess/boil/carbuncle	...	...	...	...	...	110
For sinus/ulcer/cyst/tumour, &c.	...	...	...	...	...	329
Removal of nail	...	...	...	...	...	89
For septic infection of hand	...	...	...	...	...	312
Removal of foreign body in eye	...	...	...	...	...	292
Removal of foreign body in limb	...	...	...	...	...	133
Varicose veins—suture	...	...	...	...	...	35
Injection of varicose veins, &c.	...	...	...	...	...	362
For suppurative lymphadenitis	...	...	...	...	...	93
Miscellaneous on joints	...	...	...	...	...	6
Manipulation of fracture or dislocation	...	...	...	...	...	47
Manipulation/application of plaster of Paris	...	...	...	...	...	841
Miscellaneous on tendons/bursæ	...	...	...	...	...	46
Amputation of finger, thumb and toe	...	...	...	...	...	7
Miscellaneous on eye	...	...	...	...	...	52
Ear, nose and throat, various	...	...	...	...	...	61
On mouth, pharynx and œsophagus	...	...	...	...	...	5
On thorax and contents	...	...	...	...	...	58
For mammary abscess	...	...	...	...	...	14
For injection of hæmorrhoids	...	...	...	...	...	192
Genito-urinary, various	...	...	...	...	...	567
Ischio rectal, anal abscess, &c.	...	...	...	...	...	18
Miscellaneous...	...	...	...	...	...	30
Total						5,436
Anæsthetics—general						1,082
Anæsthetics—local						1,065
Total						2,147
Admitted to hospital from out-patient department						4,645
Admitted to hospital from ante-natal clinic						1,658

**10. Special Clinic.\***

Total number of new cases	...	...	...	...	...	512
Total number of attendances made...	...	...	...	...	...	9,878
Total number of therapeutic procedures	...	...	...	...	...	466
Vaccines—						
Intravenous injections						435
Intramuscular injections						2,892
Minor operations	...	...	...	...	...	63
Pathological examinations carried out in the clinic	...	...	...	...	...	1,743

**11. Nurses' Sick Room.**

	Full-Time.	Part-Time.
Complement of nurses at 31st December	176·00	27·00
Average daily complement of nurses	184·18	26·78
Average daily complement of nurses available for duty	162·64	13·30
Nurses off sick during the year	110·00	33·00
Nursing days lost	2,465·00	432·00
Average number of nursing days lost per annum—		
Per sick nurse	22·41	13·10
Per nurse of the average daily complement	13·38	16·13

\* Included in Out-patient Department totals.

Disabilities.					No.	Major Operations.	Minor Operations.
Diseases of the Alimentary tract	...	...	...	...	62	—	—
Non-notifiable infectious diseases	...	...	...	...	48	—	—
Injuries	...	...	...	...	20	—	—
Ear, nose and throat conditions	...	...	...	...	21	—	—
Notifiable infectious diseases...	...	...	...	...	4	—	—
Influenza	...	...	...	...	26	—	—
Diseases of the skin	...	...	...	...	13	—	10
Respiratory diseases	...	...	...	...	7	—	—
Diseases of the organs of locomotion	...	...	...	...	14	—	—
Diseases of the nervous system	...	...	...	...	2	—	—
Diseases of metabolism	...	...	...	...	—	—	—
Diseases of endocrines...	...	...	...	...	3	3	—
Diseases of the lymphatic system	...	...	...	...	—	—	—
Diseases of the eye	...	...	...	...	—	—	—
Diseases of the blood	...	...	...	...	—	—	—
Diseases of the urinary system	...	...	...	...	1	—	—
Rheumatism	...	...	...	...	2	—	—
Miscellaneous	...	...	...	...	26	—	1
Totals	...	...	...	...	249	3	11

- 33 members of the staff were off duty twice.
- 14 members of the staff were off duty three times.
- 10 members of the staff were off duty four times.
- 1 member of the staff was off duty five times.
- 1 member of the staff was off duty six times.
- 1 member of the staff was off duty seven times.



Comparative Tables.

	1934.	1935.	1936.	1937.	1938.	1939.	1940.	1941.	1942.	1943.	1944.	1945.	1946.	1947.
Beds—complement at 31st December	141	141	141	141	251·3	367	562	867	913	913	920	903	845	845
Beds—average daily complement	141	141	141	141	251·3	321·7	584·7	798·5	879·2	913	914·9	906·6	893·1	843·9
Beds—average daily number available	133·1	141	140·5	140·9	248·2	321·6	550·6	748·6	856·8	924·9	927·6	850·4	784	734·8
Beds—average daily number occupied	130·9	135·3	158·3	177·5	226·7	270·1	350·0	*430·8	*457·0	*488·8	*442·9	*433·9	*391·9	*381·9
Average daily percentage of available beds occupied	98·3	96	112·7	125·9	91·3	83·7	64·5	75·0	77·2	77·07	65·51	71·7	77·2	77·1
Patients per occupied bed—average number per annum	20·5	22·7	24·8	24·7	24·2	23·3	20·4	*20·4	*21·6	*23·76	*23·22	*23·54	*28·1	*28·5
Nursing staff—average daily complement	70	69·4	75·6	96·3	135·96	156·89	201	253·6	297·08	286·47	267·70	222·81	209·15	197·57
Occupied beds—average number per nurse	1·9	2	2·1	1·8	1·65	1·7	1·77	2·2	2·2	2·5	2·2	2·7	2·8	2·86
Admissions—average daily number	7·4	8·5	10·6	12	15·3	17·2	20·1	26·4	31·5	33·76	29·78	30·29	32·03	31·7
Admissions—percentage by Medical Director	59·7	51·8	77·3	81·5	72·8	73·8	72·8	77·0	72·77	67·5	73·5	74·3	73·9	76·9
Length of stay—average in days per patient	17·8	16·1	13·8	14·8	15·1	15·6	18·0	*19·8	*16·9	*15·36	*15·77	*15·5	*13·6	*12·8
Medical cases	767	806	872	1,000	1,499	1,606	1,761	*2,218	*2,393	*2,541	*2,027	*1,953	*2,013	*2,930
Surgical cases	1,920	2,262	2,991	3,391	3,989	4,653	4,773	*5,738	*7,473	*8,281	*7,154	*7,415	*8,102	*7,863
Ministry cases						46	700	814	773	793	1,103	848	430	78
Total cases treated to a conclusion	2,687	3,068	3,863	4,391	5,488	6,305	7,934	*8,770	*10,639	*11,615	*10,284	*10,216	*10,545	*10,871
Patients relieved (per cent.)	88·9	90	90·7	89	91·5	91·9	89·4	*89·6	*88·6	*88·0	*88·1	*88·3	*89·8	*88·1
Patients unrelieved (per cent.)	3·9	3·2	4·2	4·3	2·4	1·7	4·0	*3·7	*6·9	*7·5	*7·5	*7·7	*7·1	*8·3
Patients died (per cent.)	7·2	6·8	5·1	6·7	6·1	6·4	6·6	*6·7	*4·5	*4·5	*4·4	*4·0	*3·1	*3·6
Operations—major	652	834	1,049	1,207	1,496	1,615	1,775	1,963	2,313	2,438	2,178	2,067	2,185	2,374
Operations—major and minor	1,912	2,423	3,299	3,791	4,576	5,170	5,768	7,235	9,678	9,840	8,556	8,954	-9,580	10,732
Anaesthetics—general	1,205	1,551	1,881	2,156	2,683	2,905	3,261	4,396	6,385	6,418	4,995	4,921	4,723	4,576
Therapeutic procedures		1,275	1,474	1,647	1,975	2,621	2,721	3,441	4,001	2,636	2,991	3,522	3,892	3,301
Radiological investigations	1,774	2,347	3,479	4,307	5,837	7,050	7,521	8,321	9,522	9,645	10,616	11,592	13,741	15,815
Physical Medicine Department treatments														
Ante-natal clinic—women examined	7,928	9,276	13,686	18,161	22,031	35,164	43,147	68,498	65,174	60,148	47,154	54,419	56,934	61,607
Ante-natal clinic—attendances	275	440	573	813	1,123	1,405	1,514	1,718	2,016	1,867	1,786	2,214	2,919	2,866
Confinements	1,397	1,609	2,926	3,468	3,998	5,482	5,751	6,228	7,558	8,911	9,039	8,812	12,075	11,203
Maternal mortality rate per 1,000 delivered	234	304	421	567	662	808	903	977	1,252	1,453	1,457	1,526	2,016	1,949
Maternal morbidity rate per 1,000 delivered	8·6	13·2	7·12	3·5	9·06	7·42	5·5	7·2	3·2	4·12	2·06	—	1·48	0·5
Births	47·4	75·5	59·4	38·8	51·2	39·6	26·6	33·8	53·5	40·6	35·0	35·5	27·3	27·7
Stillbirth rate	234	315	426	574	633	794	885	946	1,228	1,437	1,432	1,506	1,990	1,943
Infantile mortality rate per 100 total births	9	6·7	5·6	5·4	6·7	7·25	5·6	4·9	3·76	3·4	3·5	2·6	2·8	2·7
Infantile mortality rate per 100 born alive	11·6	9·23	6·7	8·7	13·73	11·02	13·7	9·1	8·2	7·7	7·45	5·62	4·76	5·6
Infantile mortality rate per 100 born alive	4·7	2·72	1·2	3·5	7·4	6·42	8·0	4·3	4·47	3·7	3·97	2·98	2·5	2·8
Pathological investigations	2,183	2,767	2,958	4,914	6,517	11,000	10,450	12,550	16,198	20,678	21,066	20,746	22,907	22,063
Casualties and out-patients	2,431	3,078	4,967	5,742	7,949	10,114	11,305	14,287	18,588	19,640	19,045	20,112	22,184	23,416
Casualty and out-patient attendances	12,753	15,023	23,976	30,893	37,680	48,327	57,037	74,413	98,030	99,012	97,338	101,858	114,025	119,493

\* Acute cases only.

W. ARKLEY STEEL,  
Medical Director.





